



# CITY OF COVENTRY



*Health services annual report*

**1963**

T. MORRISON CLAYTON, M.D., B.S., B.Hy., D.P.H.





“The Centre of Attraction”.



CITY OF



COVENTRY

# THE HEALTH SERVICES OF COVENTRY IN 1963

BEING THE

## ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

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**HEALTH COMMITTEE**  
(As at 31st December, 1963)

*Chairman*—Councillor R. LOOSLEY

*Vice-Chairman*—Councillor Mrs. E. JONES

The Lord Mayor (Alderman Mrs. E. ALLEN)

The Deputy Mayor (Councillor T. H. WHITEMAN)

Alderman W. A. BINKS

Alderman W. CALLOW

Alderman B. H. GARDNER

(Nominated by the Education Committee)

Alderman W. PARFITT

Councillor W. McKERNAN

Councillor R. NICKSON

Councillor H. SALT

Dr. J. BALLANTINE (nominated by the  
Coventry Branch of the British  
Medical Association)

Mr. S. SMITH (nominated by No. 20  
Group Hospital Management Com-  
mittee) .. .. .

Dr. N. J. L. ROLLASON (nominated by  
the Coventry Executive Council)

} Co-opted for Purpose  
of National Health  
Service Act Functions



## STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Adviser to the Welfare Committee and to the Children's Committee :

T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer :

P. T. Regester, M.R.C.S., L.R.C.P., D.P.H. (Resigned 28.7.63)

G. T. Pollock, M.B., Ch.B., D.P.H. (Appointed 12.9.63)

Senior Medical Officer for Maternity and Child Welfare :

Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior School Medical Officer,

Margaret Ruth Gaffney, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.

Assistant Medical Officers :

Rosemary A. Beesley, M.R.C.S., L.R.C.P., D.R.C.O.G. (Resigned 17.4.63)

Doreen J. Butts, M.B., Ch.B., M.R.C.S., L.R.C.P. (Part-time 27.5.63)

B. J. Cooper, M.B., Ch.B., M.R.C.S., L.R.C.P. (Appointed 1.9.63)

Mary D. Daly, M.B., B.S., M.R.C.S., L.R.C.P. (Part-time 21.1.63)

Marion Hommers, M.B., Ch.B.

Mary F. Keefe, M.B., Ch.B. (Appointed 25.3.63)

Mary A. H. Lawson, M.B., Ch.B., B.A.O., D.P.H.

S. P. J. Louis, M.B., Ch.B. (Appointed 16.7.63)

E. B. Phillips, M.B., B.Ch. (Appointed 15.7.63)

Ada M. Porter, M.B., Ch.B. (Resigned 1.4.63)

J. B. M. Porter, L.R.C.P., L.R.C.S., L.R.F.P.S.

Margaret Steane, M.B., Ch.B., D.P.H. (Appointed 1.7.63)

Z. Stelmach, M.B., B.Ch. (Appointed 1.3.63 : Resigned 10.10.63)

O. Troughton, M.B., Ch.B. (Appointed 30.9.63)

S. M. Whiteman, M.B., Ch.B. (Part-time 1.5.63)

Evelyn M. Wilkins, M.B., Ch.B.

Health Visiting :

Superintendent : Miss K. N. Davies, S.R.N., C.M.B. (Part 1), H. V. Cert.

Deputy Superintendent : Miss K. L. Houlton, S.R.N., S.C.M., H. V. Cert.

Deputy Superintendent : Mrs. B. E. Mackie, S.R.N., S.C.M. H. V. Cert.

Health Visitors (including 2 part-time) .. .. 47

State Registered Nurses (for Tuberculosis, Clinic and School work) (including 5 part-time) .. .. 18

Student Health Visitors .. .. 3

Occupational Therapist .. .. Miss P. West



*Municipal Midwifery Service :*

Non-Medical Supervisor :	Mrs. E. E. Woodley, S.R.N., S.C.M.	
Deputy Supervisor :	Mrs. B. Fell, S.R.N., S.C.M.	
Midwives .. .. .		46

*District Nursing Service :*

Superintendent :	Miss M. C. Lynch, S.R.N., S.C.M., Q.N.	
Assistant Superintendents :	Miss M. Wilkinson, S.R.N., S.C.M., Q.N., H.V. Cert.; Miss B. Sharkey, S.R.N., S.C.M., Q.N. Miss J. McGettrick, S.R.N., B.T.A., Q.N.	
District Nurses (including 4 male nurses and 5 Queen's Nurse Students) (full-time) .. .. .		47
Part-time .. .. .		12
Domestic Staff .. .. .		10

*Day Nurseries :*

Supervisor :	Mrs. M. E. Williams, S.R.N.	
Nursery Matrons :	Miss M. Allen, Miss G. Cardwell-Hill, Miss D. B. Goodson, Mrs. E. M. Butcher, Mrs. G. Crichton, Miss D. M. Griffiths, Mrs. I. Lines, Mrs. O. Lapworth, Mrs. M. Wagstaff.	
Nursery Staffs :	Nursery Assistants 11 ; Nurses 84 ; Others 39	

*Health Education Officer :* Miss P. G. Hodges, S.R.N., S.C.M.,  
H.V. Cert., H.V. Tutor Cert., Dip, Health Education.

*Health Centre :*

Nursing Staff .. .. .		3
Receptionists .. .. .		3

*Mental Health Service :*

Principal Mental Health Officer :	E. J. McCoy, A.A.P.S.W.	
Senior Mental Welfare Officers .. .. .		4
Mental Welfare Officers .. .. .		8
Social Workers .. .. .		2

*Junior Training Centre, Burns Road :*

Supervisor :	Mrs. M. Darnell	
Senior Assistant Supervisor :	Mrs. M. C. Johnson	
Assistant Supervisor and Other Staff .. .. .		21

*Senior Training Centre, Torrington Avenue :*

Supervisor :	Mr. P. Walshe	
Deputy Supervisor :	Mrs. H. Cook	
Assistant Supervisors and Other Staff .. .. .		26

*Ambulance Service :*

Superintendent : T. A. Atherton B.E.M.

Deputy Superintendent : H. Petherham

Control Sub-Officer : R. J. Norton

Ambulance Personnel .. .. . 85

*Administrative and Clerical Staff :*

Principal Administrative Assistant .. .. F. Ellis

Deputy Principal Administrative Assistant

N. H. Collins, A.C.C.S.

Administrative Assistant

(Health Services Division) .. .. G. Hubbard

Administrative Assistant (Mental Health) Miss B. M. Sanders

*Senior Section Officers :*

M.O.H. Personal Secretary .. Mrs. V. Stranks, A.S.C.T.

Finance .. .. K. Liggins

Infectious Diseases, Vaccination and

Immunisation .. .. Mrs. M. Steele

Salaries, General Office and Enquiries .. H. Jewison

School Health, Maternity and Child Welfare Miss E. Stephen

Typing Pool .. .. Miss M. E. Goddard

Clerical Staff .. .. 31

Storekeeper, Cleaners, Clinic Assistants .. .. 56

## GENERAL STATISTICS

Area in acres	..	..	..	..	..	..	19,171
Population (Census 1961)	..	..	..	..	..	..	305,060
Population (estimate for mid-year 1963)	..	..	..	..	..	..	313,900
Density of population (1951) (per acre)	..	..	..	..	..	..	13.47
Density of population (estimate mid-1963)	..	..	..	..	..	..	16.37
Estimated number of inhabited dwellings, December, 1963	..	..	..	..	..	..	94,000
Average No. of persons to each occupied house (mid-year)	..	..	..	..	..	..	3.33
Rateable value of City (December, 1963)	..	..	..	..	..	..	£12,430,034
Sum represented by a penny rate (estimated 1963-1964)	..	..	..	..	..	..	£50,952

## Live Births—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(legitimate)	3,118	2,950	6,068
(illegitimate)	281	245	526

3,399      3,195      6,594 = birth rate of 21.01 per 1,000 population

Stillbirths              62              52              114 = rate of 19.19 per 1,000 births

Deaths              1,653              1,287              2,940 = death rate of 9.37 per 1,000 population

Total maternal deaths      ..      ..      Nil

Maternal mortality rate      ..      ..      —

Death rate of infants under one year of age :—

(a) All infants per 1,000 live births      ..      ..      20.3

(b) Legitimate infants per 1,000 legitimate births      ..      ..      20.6

(c) Illegitimate infants per 1,000 illegitimate births      ..      ..      17.1

Neo-natal mortality rate (first four weeks) = 15.3 per 1,000 related live births

Early Neo-natal Mortality Rate (first week) = 12.9 per 1,000 related live births

Perinatal Mortality Rate (stillbirths and deaths during first week      ..      .. = 31.8 per 1,000 total live and stillbirths

Marriage rate      ..      ..      ..      ..      ..      15.18

\*Death rate from principle infectious diseases..      ..      0.003

Respiratory death rate      ..      ..      ..      ..      1.26

Pulmonary tuberculosis death-rate      ..      ..      ..      0.06

Death rate from other forms of tuberculosis ..      ..      0.016

Death from cancer      ..      ..      ..      ..      1.85

Comparability factor (births)      ..      ..      ..      ..      0.96

Birth rate as adjusted by factor      ..      ..      ..      20.17

Comparability factor (deaths)      ..      ..      ..      1.38

Death rate as adjusted by factor      ..      ..      ..      12.93

\*Whooping cough, Diphtheria, Measles, Acute Poliomyelitis, Meningococcal Infections.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have much pleasure in presenting this, my 17th Annual Health Report, relating to the health of the local community during 1963. The report is concerned with the duties undertaken by your Health Department within the wide range of services assigned to it and should have appeal for all those readers who have the general health and welfare interests of Coventry citizens at heart.

In addition to the local and comparative statistics which form an essential part of any such document, the Ministry of Health, in their Circular 1/64, also make request for comments upon the quality, quantity and availability of water supplies ; the arrangements for sewerage and sewage disposal ; information concerning common lodging houses ; and details of inspections under the Factories Act 1961.

In connection with the provisions under the National Health Service Act, particular information is requested concerning health education ; venereal disease ; smoking ; progress in relation to chiropody facilities and the number and type of people so provided for.

These various factors will be borne in mind at appropriate points in my report but it is considered best to deal first with the vital statistical data for the year and which, of itself, provides an important indication as to community health and a comparison with the statistical data for the country as a whole.

The density of population in the city for mid-1963, was 16·37 per acre and this shows an increase over the two preceding years, i.e. 15·94 in 1961, and 16·20 in 1962. The average number of persons per occupied house remains fairly steady at 3·33 and this compares with 3·32 in 1961 and 3·34 in 1962.

The population increase in the city continues unabated and the mid-year figure showed an increase of 3,260, from a total population of 310,640 in 1962 to 313,900 in 1963. Although the increase was not so great as in 1962 (5,580), yet it does mean that the local authority continues to have considerable superadded problems to resolve, whether related to the provision of housing, education, various health facilities or other essential municipal services.

The birth rate for 1963 was again slightly elevated to 21·01 per thousand population, as compared with 20·94 in 1962 (20·5 in 1961). The stillbirth rate, which in 1962 was considerably elevated to 20·94 (17·8 in 1961), showed a slight recession to 19·19 per thousand births in 1963. The number of illegitimate births occurring in the city during 1963 was 526 and this demonstrates quite a considerable increase from 462 in 1962 (380 in 1961) : this is disturbing and must necessarily give cause for concern, whether from the moralistic, social or welfare points of view.



In the supplementary table on page 40 relating to births, the increasing trend in the proportion of illegitimate births to total live births is quite noticeable, from 5.47% in 1959, to 8.66% in 1963 and, indeed, this latter figure is 1.56% above that for the preceding year, 1962, at 7.10%.

The crude death rate was at 9.37 per thousand population and showed a slight decrease from the 1962 figure of 9.49. It is pleasing to note that, once again, as in 1962, there was no maternal death recorded during the current year.

The infantile mortality rate deriving from some 134 deaths of infants was at 20.3 per thousand live births and this is the *lowest ever recorded in the city* (previous lowest was 23.4 in 1961). Moreover, the 1963 Coventry figure is below that for England and Wales (20.9) the first time that this has happened and this also for a city accepted as having a youthful population is worthy of particular note. See also graph on page 174. The neo-natal mortality rate (deaths during first four weeks of life) was at 15.2 per thousand live births and compares with 16.6 in 1962.

Infantile and neo-natal mortality rates may be taken as rather delicate health indices within any population and, when considered in the local context with a generally youthful Coventry population and the numerical inadequacy of maternity hospital beds for the needs of the city, then the figures would seem to be remarkably good. One might perhaps be excused for feeling that the favourable situation may not be quite unrelated to the concentrated care which mothers and their babies receive at the hands of appropriate staffs, whether working in the hospital or domiciliary midwifery fields.

With regard to infectious diseases, the brief report from Dr. Whitehead concerning virus disease will, I trust, be noted with interest: not least in its relationship to poliomyelitis and the high degree of immunity achieved for the community over latter years from anti-poliomyelitis vaccination. There were no cases of poliomyelitis notified in Coventry during 1963.

The usual biennial swing in the incidence of Measles was apparent, i.e. 1961 — 6,789 cases; 1962 — 484 cases; 1963 — 6,055 cases, and this provides a true indication of the waxing and waning of immunity to this disease, particularly in the child population. Much research is going on nationally in an attempt to find a suitable immunising agent against measles and one is hopeful that such may be forthcoming in the foreseeable future.

The incidence of Whooping Cough was increased considerably, from 40 in 1962 to 956 in 1963 but the elevation was equally apparent from a national point of view. Local evidence points to the conclusion that immunisation is well worth while in reducing the severity of this distressing infection.

The incidence of Dysentery was more than halved as compared with 1962 (i.e. 693 cases in 1962; 328 in 1963). It is probably now

well known in this city, from previous health education approach, that the control of this disease is most intimately related to the inculcation of cleanly habits of personal hygiene within the community as a whole : but most particularly in the very young population.

It is heartening to note the decline in the incidence of Food Poisoning within the city — a trend which it is hoped will be maintained for future years. This is one facet of endeavour demonstrating the essentially close links between the work of the Medical Officer of Health, the Public Health Inspectorate and the Public Health Laboratory Service, and which has been to the great advantage of the community. This has also been further demonstrated in the dual series of lectures given to a variety of food operatives within the city by the above triumvirate in conjunction with the Royal Institute of Public Health and Hygiene.

With regard to Infective Hepatitis, this condition is being carefully watched by the Department and it is hoped that useful data will accrue from these observations in due course. The use of gamma globulin to control an outbreak of the disease within our Junior Training Centre during 1963 is described on page 23 of this report.

One case each of Typhoid Fever and Para-typhoid Fever and Diphtheria were notified in 1963, and details of these appear at page 23. The patient who contracted Diphtheria, a nurse, fortunately proved to have a non-toxin producing organism but, nevertheless, it does count as the first case appearing in Coventry since 1959.

Patients treated at the Cleansing Centre, Gulson Road Clinic, for Scabies showed an increase from 84 in 1962 to 112 in 1963, and this involved 154 treatments as against 115 in 1962.

It is pleasing to note even a small decrease in the number of new patients attending for treatment of Venereal Infections at the special hospital clinic and, while gonorrhoea continues to present a major problem, yet the incidence of this condition was down from 323 new cases in 1962 to 297 in 1963. The breakdown of figures on page 25 is quite significant in that new gonorrhoeal infections among local immigrant males was at the same level as for other established male residents whereas newly infected United Kingdom females presented five times as many as immigrant females. Of the total new cases, however, it is encouraging to note a recession in the age group 13-19 years, from 38 in 1962 to 29 in 1963. There is a close link between my Department and the Consultant Venereologist and his staff at the hospital and we are thereby able to assist in tracing defaulters in an effort to ensure the necessary continuance of treatment at the clinic. Because of the elevated incidence of venereal disease during latter years, the Health Department has been giving still greater attention to appropriate methods of health education and further plans are afoot to intensify this approach : not least to the teenage groups.

From the table appearing on page 7, it will be observed that the incidence per 1,000 population dying from all forms of cancer in this City was 1·85. Since 1960 this rate has varied from 1·81 to 1·85 but, in any case, has remained steadily above that for 1959, when it was at 1·50 per 1,000. Deaths from cancer of the lung and bronchii demonstrate a similar pattern with the lowest rate of 0·38 per 1,000 in 1959 and the highest 0·45 per 1,000 in 1961 (0·41 per 1,000 in 1963).

Some 25,900 Coventry residents were x-rayed during 1963 (Mass Radiography) and this represents an increase of 950 over the preceding year. Sixty-six tuberculous conditions were discovered and thereby produced the slightly decreased incidence of 0·89 per thousand population as compared with that for 1962 at 1·0 per thousand. It will be noted from Dr. Gordon Evans' report (q.v.) that during the past three years some 1,500 contacts of tuberculin positive children have been x-rayed but without a single positive case coming to light. These findings may lead to a modification of present procedures for future years. I am much indebted to Dr. Gordon Evans and his staff for their continued helpfulness at all times. It will also be noted that a mass radiography survey was conducted among Corporation employees towards the end of 1963 but, fortunately, no case of tuberculosis was discovered.

The National Health Service "diary" appearing on pages 30–32 provides a rough year by year indication of achievements under Part III, National Health Service Act, since 1948.

It will be noted that the interim Special Care Unit for some 25 severely mentally subnormal/physically handicapped children came into use at Stoke School Annexe, Wyken Grange Road on 8th January, 1963. This provision has achieved an outstanding success and concentrated day-time care and essential training became thereby available for these grossly handicapped children : a measure which has been greatly appreciated by the previously unduly harassed parents.

Work began on the construction of purpose-built hostels and sheltered workshops for mentally subnormal adults — these adjoining the Senior Training Centre, Torrington Avenue. The buildings, when available, will provide much needed facilities and will be of the greatest help in furthering the local authority's progressive schemes in the field of mental health.

The number of Coventry patients admitted to hospital under the compulsory procedures of the Mental Health Act, 1959, decreased from 157 in 1962 to 125 in 1963 : a further considerable and heartening trend, which once more underlines the modern change in outlook and accentuates the increasing value of resorting to informal admission procedures whenever this is justified.

The teaching scheme initiated by this local authority to train students for the Social Science Diploma Course has had beneficial results. A proportion of such students have returned after training to



appointments in the Mental Health Section of the Health Department and they, together with the few other qualified staff recruited by public advertisement, have been the means of expanding our service for those members of the community in need of it. The number of new cases attended by our staff increased by 115, from 628 to 743 in 1963.

It is most gratifying to note the greatly increasing degree of co-operation and liaison occurring as between our mental health staff and those operating under the Part II and Part IV provisions of the National Health Service Act. Our links with the general practitioners are extending apace and this is something which has been aimed at rather specifically : such ties are of the greatest mutual benefit and not least to the patients whom we all serve.

Home visits and interviews undertaken in the Mental Health Section of the Health Department also increased by 1461, from 5188 in 1962 to 6649 during 1963.

In my Annual Health Report of 1960 appeared the following passage :—

“ In January 1960, the services of a psychiatric social worker were made available to a group practice of three medical practitioners practising from the Tile Hill Health Centre for one afternoon each week. Under the guidance of the consultant psychiatrist in Coventry, the psychiatric social worker assists these practitioners with the after-care of the mentally ill patients in their practice. All the doctors concerned in this pilot experiment have been impressed by its value. Requests have been received from other general practitioners for an extension of this type of service but, unfortunately, the shortage of psychiatric social workers, to date, has prevented this taking place.”

It is apposite to recall the commencement of the above experiment, the local seed of which was conceived, departmentally, in early 1959, as being eminently appropriate to be included in the community provisions to be developed within the concept of Section 21 of the National Health Service Act. The “ seed ” thereafter was germinated within the general practitioner suite of the Tile Hill Health Centre at the turn of that year, when it was possible to allocate for one session per week, to the group of family doctors practising there, the services of our only psychiatric social worker. From that time onwards the seed has dispersed and germinated more widely and by December, 1963, had come to appreciable harvest. This was made possible by the then availability of five psychiatric social workers and their sessional allocation to several appropriate practices in the City area. Needless to say, some 17 general practitioners were being catered to by this most successful arrangement at the turn of the year. The doctors select their appropriate patients for case history interviews by our psychiatric social workers and, thereafter, appropriate liaison would take place with the psychiatrists as the needs of the

patients may determine. This type of close mutual working association has been particularly satisfying for and much appreciated by those engaged in the arrangement.

Greater liaison too with the hospital mental health services is developing to good effect and this includes the sessional attachment of two of our mental welfare staff to the appropriate out-patient clinic of the Coventry and Warwickshire Hospital.

A further experimental contribution towards the care of psychiatric patients within the community was started in April, 1963, by the opening of a social club within the Stoke Aldermoor Community Centre for one afternoon session per week. Those patients who attend are assisted towards earlier rehabilitation and have, to lead them, one of our experienced psychiatric social workers. Progress to date demonstrates that this club arrangement is serving a most useful purpose and will probably provide valuable experience for a possible extension of similar arrangements at other selected places in the City.

What I have had to say in this quite brief introductory preamble concerning the work of the Department and progress achieved both by the local health authority and its staff in the mental health field during 1963, although of itself considerable, gives small indication only of the *transformation* which has occurred in the past 12 years for the benefit of those citizens in need of this service.

On 5th March, 1952, the Burns Road Junior Training Centre came into operation and since that time the effort towards attaining comprehensive facilities for the care of mentally disordered persons within the local community has gathered momentum on a wide front. The results achieved to date have been singularly impressive, whether one cares to consider the present scope of material achievements i.e., Training Centres ; Special Care Unit and Short Stay Home ; Sheltered Workshops and Hostels, soon to be completed, *or* to cogitate upon the advances made in less visible forms, i.e. recruitment and training of staff to operate in the above establishments or within the expanding needs and interests of the domiciliary mental health field of work.

There is need at times to stop and think awhile and maybe derive a degree of satisfaction from present achievements. It is certain, however, that the pause can only be momentary for, just as the mountaineer scales one pinnacle only to discover another inviting his attention, so too are there further heights to attain in our local range of mental health objectives.

Further details and commentary concerning the work performed within the total sphere of our mental health assignments appear at page 57 et seq.

Although there has been no great change in the pattern of maternity and child welfare provisions, yet it will be noted (pages 42—43) that the links between our Health Visiting Service and the general

practitioners are continuing and developing along the lines anticipated some few years ago. The arrangement has mutual working advantages and is clearly advantageous, both in the patient and family setting, and is a subject to which I made pointed reference in the preamble to my preceding Annual Report for 1962.

The audiometric service provided for both school and pre-school children in the city is quite advanced and for which many of our doctors and health visitors have taken intensive short term instruction during past years : this for the purpose of hearing assessment and thereby the detection of hearing defects at an early age. The section dealing with this work appears at page 33 and is worthy of careful reading and understanding by all who might have interest in this important work.

While a smaller number of expectant and nursing mothers attended the local authority's dental clinics than was the case in 1962, yet one notes with satisfaction an increase of 17% in the number of pre-school children dealt with.

A plea is made (page 37) for the exclusion of Matrons from the Nursery Nurse/Child ratio at our Day Nurseries. While at first sight this may appear to be something of an unusual suggestion, yet there is logical reason for such a measure because of the increasing amount of time given by the Matrons to resolving social problems for parents in addition to their administrative responsibilities.

Concern has been expressed from time to time by some thinking people about the increasing number of new registrations under the Nurseries and Child-Minders Regulation Act. Nevertheless, this enactment does provide opportunity for *responsible* persons to undertake the day-time care of children, as is indicated on page 38. The difficulty for my appropriate departmental staff is not with those who are registered (since their standards are under surveillance) but with those who avoid registration and whose child-minding activities and standards do not come to light.

The number of women delivered in hospital increased from 52.4% in 1962 to 56.6% in 1963 and this is a welcome trend, coming somewhat nearer (although yet quite a long way removed from) the 70% recommended by the Cranbrook Committee. In this sphere of work, it will be noted (page 40) that closer links are developing between general practitioners and our domiciliary midwives : this due to the increasing attendances of the midwives at the doctors' surgeries for the purpose of ante-natal clinics.

The statistical evidence appearing on pages 45—46 demonstrates in somewhat cold figurative fashion the extensive work which our district nurses performed in the community's interests : work, incidentally, which is invariably most warmly welcomed by those who receive their care. The total number of visits advanced from 239,343 in 1962 to 241,523 in 1963, and the number of patients attended from 6,955 in 1962 to 7,219 in 1963. A much greater number



of patients were discharged from hospital to the care of our nurses during 1963.

It is encouraging to report that there was less sickness amongst our district nurses during 1963 than in previous years. This favourable situation may well be due, in part, to the policy of ensuring better transportation and thereby greater mobility for our nurses. This is clearly of much assistance to them when performing their arduous duties — “come rain or shine.”

The work of the health visitors in 1963 has included an increasing interest in mental health matters and a degree of in-service training in this connection is fitting them the better to help in this work. Such an approach is encouraged because the regular multi-purpose fieldwork of this skilled staff provides them with unique opportunity to recognise, where possible, and bring to early attention such deviations from mental normality as can helpfully be attended to : not least where childhood problems are concerned and which may perhaps be having adverse effects upon family relationships and happiness. Thereafter the mental health staff are able to enter into the situation and deal with it to the best advantage of the persons concerned.

Regular links with general practitioners, generally, are increasing and becoming more intensified but the concept of specifically “attaching” health visitors fairly widespread to practices is not reasonably applicable in this city at the present — firstly because of the quite wide local geographical scatter of patients belonging to most separate practices ; secondly because the accommodational facilities associated with a number of practices are not reasonably conducive to encourage this helpful co-operative trend which, however, continues much in mind ; and thirdly, and by no means least, is the numerical deficiency of present in-post health visiting staff, which militates against a more widespread and intensive attachment.

The links of the Health Visiting Service with the local hospitals have been increasingly strengthened of latter years and, clearly, this is most valuable where the continuing interests of patients and their welfare are concerned. Such liaison is probably seen to greatest effect on behalf of mothers and children, since their care has been the traditional forte of the health visitors. Nevertheless, the wide medico-social training of these nurses makes them particularly adaptable and effective for a much wider range of service : be it related to mental health, geriatric care, diabetes, or a variety of other facets of medico-social work. A number of local authorities, some with a rapidly progressive outlook, others less quickly so — perhaps because of a degree of nostalgic “hangover” from previous alternative but out-dated arrangements — are now appreciating the truth of this and reorientating their attitudes and approach accordingly. There is nothing blatantly spectacular about the work which health visitors perform but the beneficial results which they quietly and tenaciously achieve for a large section of the community are certainly

deserving of more widespread understanding and appreciation : the general practitioners certainly, as one example, have now greater knowledge of their worth. Further information concerning the work of the Health Visiting Service appears at page 41 et seq.

Statistics for the Ambulance Service show a considerable increase of patients transported during 1963, i.e., some 5,342 more than in 1962. Emergency cases dealt with also showed a noticeable elevation of some 366 over the preceding year. Transportations to out-patient sessions were also up by some 3,422. This is understandable in the light of continuing population increases for Coventry in successive years. Nevertheless, it does provide positive evidence as to the need for the gradual increase in staff and ambulances. In spite of these increases and also an increased mileage of 10,470, the average mileage per patient carried was down from 3.44 in 1962 to 3.3 in 1963 — surely a worthwhile achievement. It will be observed regretfully that accidents occurring in the home continued to take toll and that those resulting from burns increased from 43 in 1962 to 67 in 1963.

The building of a new Ambulance Station to meet the modern needs for the City is pending. Plans for this station have now been approved and it is anticipated that work on this sizeable project will commence during the latter part of 1964. The building will present some unique features which should be of advantage to the future administration and practical operation of the Ambulance Service. An artist's impression of the forthcoming new Ambulance Station appears at page 51.

During the past several years there has been a clear need for the appointment of a senior co-ordinating officer to facilitate the collection and transportation of patients to and from the hospitals. Such an officer should be based at the Coventry and Warwickshire Hospital, Stoney Stanton Road and his appointment and conditions of service should be a matter of mutual agreement between the local Hospital Management Committee and the Local Health Authority. This matter, which has been the subject of representation via the Health Department for some years now, is one needing urgent solution and it is hoped that it can be resolved during the forthcoming year: particularly when the building of the new Walsgrave Hospital and that of the new Ambulance Station will then be more positively in focus.

It will be recalled that this Local Health Authority was the first in the wide Midlands area to authorise a telecommunications arrangement for its Ambulance Service — this commencing in 1951. It is pleasing to note that, whereas at that time and for most subsequent years thereafter only a proportion of our fleet was fitted with radio telephones, all our ambulances are now so equipped and this, indubitably, has brought enhanced efficiency to the service.

A most useful exercise took place during the year in conjunction with the Fire Service, Police and other civil personnel involved in

emergency situation duties — this to provide experience in major accident co-operative procedures : the lessons learned from this experience should prove most valuable.

There is need for parents to give continuing thought to ensure that their children are adequately protected against such diseases as poliomyelitis and diphtheria. The fact that these infections have been seemingly eliminated is no real justification for any degree of complacency. If the overall “pool” of immunity within any community depreciates below an optimum level, then the opportunities for susceptible people to contract the diseases from carriers are correspondingly increased.

Occupational Therapy forms an essential rehabilitative procedure for an increasing number of domiciliary patients, whether in process of treatment or convalescing from tuberculosis. A number of physically handicapped people are also catered for in similar fashion, and it will be noted from the details appearing at page 72 that much good work is being achieved to help such people back to a more normal physical state.

I am indebted to the Director of Welfare Services for information appearing at pages 74 relating to the functioning of the Mobile Meals Service. Data concerning the work of the Home Help Service, for which the Director of Welfare Services has also responsibility, appears at pages 80—83.

The Ministry of Health request information concerning the local authority's Chiropody Service and this appears on page 83. So far the recommendations contained in Ministry of Health Circular 11/59, namely that provision might be extended to expectant mothers and physically handicapped categories, have not, as yet, been implemented in this City.

It was necessary to invoke Section 47 of the National Assistance Act in only one instance during 1963 and details of this case appear at page 84.

During the past decade and more, the subject of Health Education and the great need to extend and fortify its many lessons throughout the wide field of the preventive health services has been given most important mention in my successive Annual Health Reports : this for the greater benefit of the fast increasing population within this City. The need to ensure that the public are made, progressively, more aware of the various health services available to them, how to use them to best advantage — whether from a personal, family or community point of view — is of great moment. The desirability of appointing a Health Education Officer to help ensure a persistent programming of arrangements and to assist to greater extent in co-ordinating the activities of staff engaged in the various preventive health disciplines has been constantly stressed over latter years : I am grateful to the Health Committee members for their support towards achieving these ends. It is most pleasing, therefore,



to report that Miss P. G. Hodges took up her appointment as Health Education Officer in my Department on 1st April, 1963. She is particularly well qualified for her duties and will find much to occupy her attention, skills and ingenuity in furthering health education concepts for the benefit of Coventry citizens. Further comments upon this subject appear at page 75.

The Chief Public Health Inspector has reported at length, later herein, and provides details of the work performed by his staff during 1963, together with other related commentary. I am indebted to Mr. Allen for the information provided and congratulate the Public Health Inspectorate for the considerable work which they have accomplished.

My sincere thanks are also expressed to the Water Engineer and Manager for the information provided concerning the public water supply : also for the reports on water analyses which he and his colleagues regularly send to me throughout the year. (N.B. While on the subject of the public water supply, may I, yet once again as Medical Officer of Health, express my earnest hope that Fluoridation will come to be achieved for this City. The benefits to be derived therefrom are positively beneficial and this would become clearly apparent within the course of a very few years.)

Thanks are also due to the City Engineer and Surveyor for information relating to sewerage and sewage disposal ; and to other Chief Officer colleagues or their staffs who have helped me or my Department Staff in any way during the year.

I am indebted to the City Engineer as also to the City Architect and Planning Officer for several photographs and drawings appearing within this Report.

To those colleagues in the hospitals or in general practice who have collaborated with me and my staff to such good effect, I express grateful appreciation.

It is again my particular pleasure to express my warmest thanks to each and every member of my staff, whatever the work in which they are engaged, for the conscientious application which they bring to their various assignments and for their consistent helpfulness on behalf of Coventry citizens.

To those who have helped in any way towards the correlation of this Report I owe my grateful appreciation.



On their behalf, and for my own part too, I express thanks to the Chairman and Members of the Health Committee for their continued interest in the efforts made within my department which, as ever are directed in so many ways towards the still greater betterment of health for the local community.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

A handwritten signature in dark ink, reading "H. Clayton." The signature is written in a cursive style with a large, stylized initial "H" and a trailing period.

MEDICAL OFFICER OF HEALTH

### **Population**

The Registrar General's estimated population for mid-1963 was 313,900 which was an increase of 3,260 on the 1962 mid-year figure of 310,640. The generally upward trend of the City's population for the past twenty-five years is shown in the table of vital statistics on page 170.

### **Birth Rate**

The births registered as Coventry births during the year numbered 6,594, giving a birth rate of 21.01 per 1,000 population. These figures compare with 6,504 births in 1962 and a birth rate of 20.94 for the same year. Further details relating to births occurring within the City are given elsewhere under the heading of "Midwifery."

The comparable figures for England and Wales was 18.2 per 1,000 population.

### **General Death Rate**

The number of deaths recorded as being assigned to the City during the year was 2,940 which gives a crude death rate of 9.37 per 1,000 population. This compares with a death rate for England and Wales of 12.2. The major causes of death during the year under review continue to be heart disease and other vascular conditions ; cancer ; and respiratory conditions. An analysis of the various causes of death is given in the appropriate table on page 169. It is noted that over 60 per cent of the total deaths registered occurred in persons over 65 years of age.

### **Infantile Mortality**

The number of deaths of infants under 1 year of age during 1963 was 134, giving an infant mortality rate of 20.3 per 1,000 live births (1962—24.6). The infantile mortality rate is the lowest ever recorded in the City and is below the figure for England and Wales.

The infantile mortality for England and Wales was 20.9 per 1,000 births.

### **Neo-Natal Mortality**

The number of deaths of infants under 4 weeks of age during 1963 was 100, giving a neo-natal mortality rate of 15.2 per 1,000 live births. The comparable neo-natal mortality rate for 1962 was 16.6 per 1,000 births.

### **Marriage Rate**

The number of marriages solemnised in the City during the year was 2,384 giving a marriage rate (i.e. number of persons married) of 15.18 per 1,000 population. This compares with 15.44 per 1,000 population for the preceding year.

### **Maternal Mortality**

No maternal deaths were recorded in the City in the year, as was the case in the previous year. The last recorded maternal death was in 1961.

## INFECTIOUS DISEASES

### Virus Disease 1963

I am indebted for the following short account of virus disease to Dr. J. E. M. Whitehead, Director of the Coventry Public Health Laboratory.

“ Probably the most noteworthy and welcome feature of the several hundred virological investigations made during the year was the absence of naturally occurring poliovirus — hitherto one of the most frequently encountered of the viral agents of human disease. Undoubtedly its absence reflects the high degree of immunity now to be found in the population as a result of the anti-poliomyelitis vaccination measures of recent years.

Although human illnesses due to viruses were probably as commonplace as ever, no recognisable outbreaks were detected by laboratory studies. During the summer months and early autumn, virus of the Cocksackie B Group, especially types 3 and 4, and Echo Virus type 9, were isolated from the few cases of feverish illnesses with muscular pains (Bornholm disease) and from cases of mild meningitis of the aseptic variety sometimes with accompanying rash, which were investigated virologically. Other persons may have been similarly infected but with little in the way of symptoms, and not, therefore, investigated.

As winter approached, an occasional case of infection by Influenza Virus A2 was identified in patients suffering from “clinical” influenza — a disease which in its non-epidemic form may be due to several other respiratory viruses.

Investigation of cases of virus pneumonia revealed an instance of “Q” fever in a butcher. This is a disease caused by *Rickettsia burneti* and associated with animals ; instances of human infection by this organism are uncommon in this part of England.

The laboratory is able to carry out tests for the presence of infection by a virus, lymphogranuloma venereum (LGV) transmitted by the venereal route. This has helped in the detection of this infection among patients attending V.D. clinics.”

### Measles

During the year, 6,055 cases were notified to the Department compared with 484 during the previous year, and 6,789 in 1961. These figures provide an excellent example of the biennial incidence of measles epidemics in urban communities, a phenomenon dependent upon the predictable build-up of sufficient numbers of susceptible children.

Although the condition has been generally regarded, by the public at least, as a commonplace experience of no great medical significance, a survey carried out by the Medical Research Council in 1963, in which the Coventry Health Department participated,

indicated that important complications such as chest and ear infections occurred not infrequently. One result of this survey was the strengthening of the case for the introduction of a vaccine against measles for routine use in early childhood, and it may well be that such a procedure may be seriously considered by the Ministry of Health in the near future.

### **Whooping Cough**

The numbers of notified cases rose steeply from 40 in 1962 to 956 in 1963, and it was significant to note that immunised children were also affected, though not in such large numbers, and certainly by a milder form of the disease ; it is this latter factor which renders the procedure well worthwhile.

It is difficult to account for the marked increase, but it is known that this was part of a general picture affecting the whole of the country. It could well be that the responsible organism is developing greater infectivity, resulting in a greater spread of infection in the susceptible herd, or an increased virulence leading to a greater number of clinically recognisable cases : further epidemiological and laboratory investigations at a national level over a period of a few years would be necessary to elucidate these points.

### **Dysentery**

It is pleasing to record that the incidence of this disease fell from 693 cases in 1962 to 328 in 1963. In this country the condition tends to be spread not so much by food or water as by close person-to-person contact, especially in young children, and so the question of personal hygiene is of paramount importance. It is probably fair to assume that the reduced incidence during the year was due to the continued attention given to this matter by Health Visitors in giving necessary advice to households in which a case had occurred. The fact that no outbreaks were reported from any of the Day Nurseries is a tribute to the close watch which is kept on this matter by the staffs.

### **Food Poisoning**

As in 1962 a total of only 27 cases was reported during the year, and there is little doubt that the conditions grouped under this heading are being kept in check by an ever increasing attention to food hygiene in the widest sense of the term. The close co-operation between the Medical Officer of Health, the Chief Public Health Inspector and the Coventry Public Health Laboratory results in prompt action as soon as a case is notified to prevent spread of infection ; in this connection, the powers conferred by the Coventry Corporation Act, 1958, to offer financial compensation to food handlers excluded from work as contacts of relevant infectious diseases, continued to facilitate this particular aspect of preventive medicine.



### **Infective Hepatitis**

In November 1962, the Minister of Health approved an Order under S. 147 of the Public Health Act, 1936, making infective hepatitis locally notifiable in Coventry for a three year period, commencing on the 1st January, 1963. This condition has been recently described as the most important unsolved problem in the field of infectious diseases, and it was thought that notification would serve two useful purposes — firstly to endeavour to control spread of infection from notified cases and, secondly, to make a detailed study of certain of the epidemiological features. One such important feature is the difficulty in making a clinical distinction between this disease and another condition known as serum hepatitis which is conveyed by human blood, either through contaminated hypodermic syringes and needles, or more rarely, by blood transfusion procedures.

A detailed report of the epidemiological picture will be available when the data are analysed after the requisite period of three years, but it can be said at this stage that fortunately, serum hepatitis would not appear to be a significant problem in Coventry. Of the 261 cases of presumed infective hepatitis notified to the Department during the year, only 19 had had any immunological procedures performed within the relevant incubation period for serum hepatitis.

A localised outbreak occurred in the Corporation's Junior Training Centre during the year, and this did not appear to respond to the usual methods of control, i.e., strict attention to personal hygiene and exclusion of cases. Accordingly, it was decided, in consultation with the Director of the Coventry Public Health Laboratory, that the use of gamma-globulin would be justifiable to protect all contacts at the Centre who had not experienced a clinical attack. Consequently, following the receipt of written parental consent, gamma-globulin was given in doses of 250 m.g. for those children under 10 years of age, and 500 m.g. for all older children and adults; only in five instances was the offer of protection declined. It is gratifying to be able to report that no further cases of infective hepatitis occurred following this protective measure.

### **Typhoid Fever**

One case was notified to the Department in October. The patient had returned recently from a holiday in Sardinia, and the evidence suggested that she had been infected in that country. She was immediately admitted to Whitley Hospital and eight persons who had had fairly close contact with her were placed under careful surveillance for a period of three weeks. Fortunately, no subsequent cases occurred from this source.

### **Paratyphoid**

One case was notified to the Department in September, the affected person having recently returned from a holiday in Sardinia where, curiously enough, he had stayed at the same hotel as the person affected by typhoid fever, referred to above. He received the

necessary treatment in Whitley Hospital and follow-up of all his close contacts was fortunately followed by no further developments of the disease.

### Diphtheria

The one case notified arose in rather unusual circumstances. One of the Corporation's Clinic Nurses reported that she had a sore throat and was accordingly sent off duty with instructions to have her throat swabbed, as is usual in such instances. Three days later a telephone message was received from the local Public Health Laboratory to the effect that *C. Diphtheriae* of the Mitis strain had been isolated from the throat swab. She was admitted without delay to Whitley Hospital, and immediate arrangements were made to trace her recent contacts. Unfortunately, on the day before she went off duty, she had attended a school medical inspection session in the morning, and a school clinic in the afternoon, but all contacts were traced and swabbed within a period of twenty-four hours with negative results. It was with considerable relief that it was learnt that further laboratory investigation proved that the organism was a non-toxin-producing strain.

### Poliomyelitis

As in the past three years, no cases of poliomyelitis occurred in the City in 1963. This decline in incidence has been observed over the country as a whole, and there is little doubt that the intensive programme of active immunisation is now showing "dividends." The evidence that is now available is probably sufficient to indicate that the oral (Sabin) vaccine is more than justifying the claims of its manufacturers, and it might well be that continued intensive use of this vaccine could lead to the virtual elimination of this disease from Britain, as it has in many other countries which have used it.

## SCABIES

There were 112 patients treated for scabies at the Cleansing Centre, Gulson Road Clinic, during the year. The Centre is open daily for women and children from 9.30 a.m. to 4.30 p.m. and for men on four evenings per week.

The work of the unit was as follows :—

Scabies	No. of Patients	No. of Treatments
Male Adults .. ..	26	26
Female Adults .. ..	24	37
School Children .. ..	45	69
Children under 5 years ..	17	22
Totals .. ..	112	154

### Cleansing

22 males were cleansed during the year.

## VENEREAL DISEASES

The treatment centre is situated at the Coventry and Warwickshire Hospital, Stoney Stanton Road, under the control of the local (Group 20) Hospital Management Committee.

The number of new patients who attended the Hospital Special Clinic was 1,280, which was a welcome decrease of 19 on the figures for 1962. Of this total 1,084 were resident in Coventry.

The following table indicates the total number of patients dealt with for the first time at the Centre during the preceding four years. The figures in parenthesis indicate Coventry residents.

1959:	1960:	1961:	1962:
778 (709)	850 (742)	1,191 (1,015)	1,299 (1,100)

The Consultant Venereologist informs me that the incidence of gonorrhoea still presents a major problem, the number being 297 (males 226, females 71). The total number of patients involved was 245 (males 184, females 61) which was a decrease of 26 compared with the previous year. An effort has been made to ascertain the sources of infection with the following results.

Infected locally	Males 150	Females 64	(71 % of the total)
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Infected elsewhere in Britain	Males 73	Females 6	(27 % of the total)
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Infected Abroad	Males 3	Females 1	(1.35 % of the total)
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The nationalities of the new cases of gonorrhoea are as follows :

United Kingdom	Males 94	Females 50
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Immigrants	Males 92	Females 10
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Other European	Males 40	Females 11
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Of these totals there were 10 males and 19 females in the age group 13/19 years.

Overall there was a fall in male and female nationals and female immigrants and a rise in immigrant males. Promiscuity was prevalent amongst the West Indian male and U.K. females ; re-infections in this group accounting for 31 of the total.

Difficulty was experienced in contact tracing, and results were not as successful as in 1962, as although 214 contact slips were issued only 53 patients attended, thus swelling the "pool" of future infections.

During 1963 there were 12 cases of syphilis, mostly latent, 16 cases of 'Yaws,' 6 cases of lymphogranuloma Venereum and also 1 case of Reiter's syndrome.



## TUBERCULOSIS

A further commentary on Tuberculosis appears at page 72  
(Prevention of Illness, Care and After-Care)

### Live Register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All forms)		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. No. on Register at 1.1.1963	1,405	915	2,320	137	160	297	1,542	1,075	2,617
2. Cases notified (or otherwise coming to knowledge) in 1963 .. .. .	118	57	175	16	21	37	134	78	212
3. Cases restored to Register	4	6	10	—	—	—	4	6	10
4. Cases removed from Register 1963 .. ..	218	161	379	20	28	48	238	189	427
5. No on Register at 31.12.1963 .. ..	1,309	817	2,126	133	153	286	1,442	970	2,412

## MASS RADIOGRAPHY

I am indebted to Dr. A. Gordon Evans and his staff for his report on the work of Mass Radiography in Coventry for the year ended 31st December, 1963.

25,900 Coventry residents were X-rayed during 1963. 66 tuberculous conditions and 66 non-tuberculous were referred to the Chest Clinic for further investigation. 23 of the tuberculous cases were found to be active, an incidence of 0·89 per 1,000 (1962 — 25 cases incidence 1 per 1,000).

16 cases of bronchial carcinoma were discovered, 8 of which were in the group of 900 patients referred by their own doctors. It is again to be noted that the number of cases of carcinoma in this group is greater than the number of cases of active tuberculosis.

The following tables give the breakdown into groups of the total number X-rayed. Table I gives details of tuberculous cases and Table II non-tuberculous cases.

### Table I

New cases of Pulmonary Tuberculosis Discovered and Referred to Chest Clinic

Group	Number X-rayed	Total number referred and final assessment					
		Total number referred	Number per 1,000	Number of active cases requiring immediate treatment	Number per 1,000	Number requiring out-patient supervision	Inactive tuberculous lesion not requiring supervision
1. Organised Groups (factories, offices, etc.) .. ..	22,050	45	2·05	15	0·68	18	12
2. General Public ..	2,000	7	3·50	1	0·50	4	2
3. Tuberculin Positive Schoolchildren ..	600	2	3·34	1	1·67	—	1
4. Contacts of Tuberculin Positive Schoolchildren ..	350	—	—	—	—	—	—
5. General Practitioners referrals	900	12	13·33	6	6·67	4	2
TOTALS .. ..	25,900	66	2·55	23	0·89	26	17

Table II

New non-tuberculous abnormalities discovered and referred to Chest Clinic or Hospital

GROUP	Total Number X-rayed	Total number referred and final assessment										
		Number referred to Chest Clinic or Hospital	Number per 1,000	Bronchial carcinoma	Bronchiectasis	Inflammatory conditions	Bronchitis and emphysema	Spontaneous pneumothorax	Pneumoconiosis	Non-malignant neoplasm	Sarcoids	Cardiac conditions
1. Organised Groups (factories, offices etc.) .. ..	22,050	35	1.59	6	2	5	6	1	2	1	4	5
2. General Public ..	2,000	9	4.50	2	—	—	3	—	2	1	—	—
3. Tuberculin Positive Schoolchildren	600	—	—	—	—	—	—	—	—	—	—	—
4. Contacts of Tuberculin Positive Schoolchildren	350	—	—	—	—	—	—	—	—	—	—	—
5. General Practitioners referrals	900	22	23.33	8	2	7	3	1	—	—	—	1
TOTALS ..	25,900	66	2.54	16	4	12	12	2	4	2	4	6

Group 1 (Organised Surveys). This continues to be our main source for mass surveys and still reveals a significant amount of new tuberculous and non-tuberculous abnormalities. It is still of great social value that the tuberculous cases, which are generally in an early stage, are discovered and treated before they become a significant source of infection.

Group 2 (General Public). This was mainly a survey carried out in the Lower Precinct. The response unfortunately was not good ; we could have X-rayed at least twice as many people during the time.

Groups 3 and 4 (Tuberculin Positive schoolchildren and their immediate contacts). One child with active pulmonary tuberculosis. There was no significant pulmonary tuberculosis amongst the contacts. During the current year a further 600 contacts of tuberculin positive children have been X-rayed but again no new cases of pulmonary tuberculosis were revealed. In three years almost 1,500 contacts have been X-rayed with completely negative

results as far as tuberculosis is concerned. In view of the amount of work involved, both for the staff of Mass Radiography and the Health Visitors, serious consideration should be given as to whether the efforts made to X-ray this group should be modified. It would probably be better to concentrate the efforts on x-raying only the strongly positive Heaf tested schoolchildren and their contacts rather than the whole group.

Group 5 (General Practitioner's referrals). This scheme was in two parts. Firstly there were patients referred during the first four months of the year to the Caravan on its peripheral sites ; secondly patients referred to the Unit at Cross Cheaping during December. On instructions from the Regional Hospital Board both schemes have now been abandoned as it was considered that we were merely duplicating the facilities which the General Practitioners already have to refer patients to the miniature unit at the Coventry and Warwickshire Hospital.

As was to be expected the incidence of both tuberculous and non-tuberculous abnormalities in this group is much higher than in any other group.

It is interesting to record that towards the end of 1963 a Mass Radiography Survey was carried out amongst Corporation employees when no case of tuberculosis was discovered ; the survey did unfortunately reveal one case of suspected cancer of the lung.

The following table indicates the number of employees who were X-rayed, with the resultant findings.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Total number X-rayed on 70 m.m. film :	615	491	1,106
Referred to Chest Clinic for large film :	5	3	8

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*Analysis of large film examinations.*

1. No abnormality	..	..	..	1	2	3
2. Referred Chest Clinic for further investigation :						
(a) Suspected carcinoma of bronchus				1	—	1
(b) Emphysema	..	..		—	1	1
(c) Other chest abnormalities	..			3	—	3
				4	1	5

## NATIONAL HEALTH SERVICE ACT 1948-1963

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

- 1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.  
 Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).  
 Direct provision of Home Nursing Service transferred from voluntary organisation.  
 City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) — temporary, part agency arrangements.  
 Plans for Junior Occupation Centre sent to Ministry of Health for approval (Section 51).
- 1949 8, Park Road, approved as key Training Home for District Nurses (Section 25).  
 "Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).  
 Health Visiting Follow-up of Accidents occurring in the Home instituted (Sections 24 and 28).
- 1950 "Contact Clinic" for child contacts of tuberculous persons instituted at Gulson Road Clinic (Section 28).  
 Extensions to Queen Phillipa Day Nursery — 15 additional places (Section 22).  
 Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).
- 1951 Ambulance Service : Radio-telecommunications service installed. (Section 27).  
 Building commenced on Monks Park Day Nursery. (Section 22).
- 1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).  
 Opening of Burns Road Occupation Centre (for 60 mentally handicapped) (Section 51).
- 1953 Pilot Scheme commenced in Cheylesmore area for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursing Services (1st January).  
 Monks Park Day Nursery opened January. (Section 22).
- 1954 Extension of "Amalgamation Scheme."  
 Sessional Maternity and Child Welfare Clinic opened, Windmill Road. (Section 22).  
 Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building. (Section 22),  
 B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).
- 1955 Papenham Green Day Nursery opened, April 13th (Section 22).  
 "Amalgamation Scheme" completed for Medical and Nursing Staff.  
 Broad Street Joint Maternity and Child Welfare and School



Health Clinic opened (Section 22).

Opening of a Sessional Maternity and Child Welfare Clinic at St. Barbara's Church Hall, Earlsdon. (Section 22).

Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).

1956 Occupational Therapy Service commenced for domiciliary tuberculous patients (Section 28).

Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).

Poliomyelitis Immunisation Scheme started in Coventry. (Section 26).

Introduction of 2 weeks' Training Course for Trainee Home Helps. (Section 29).

Sessional Maternity and Child Welfare Clinic, Willenhall, opened. (Section 22).

1957 Ad hoc transport provision, Home Nursing Service (Section 25).

Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).

Opening of Yardley Street Occupation Centre. (Section 51).

Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine. (Section 26).

Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.

1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).

Stoke Aldermoor Maternity and Child Welfare Clinic — building commenced. (Section 22).

Torrington Avenue Adult Training Centre (120 places) — building commenced December.

1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959. (Section 22).

New Torrington Avenue Adult Training Centre nearing completion by the turn of the year. (Section 28).

P.S.W. Arrangement at Tile Hill Health Centre, December, 1959.

1960 New Coundon Maternity & Child Welfare Centre opened. (Section 22).

Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue. (Section 28).

Work commenced on new Maternity and Child Welfare Centre, Bell Green.

Mental Health proposals approved by Minister of Health. (Section 28).

1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961. (Section 22). Extension to Burns Road Training Centre (20 places), opened 2nd October, 1961. (Section 28).

- 1962 Short Stay Home (pilot scheme) opened for present maximum of three sub-normal children (Section 28).  
Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically sub-normal children (Section 28).
- 1963 Work began on construction of Adult Hostel (50 places) and Sheltered Workshops (100 places) for Adult Subnormals at Torrington Avenue. (Section 28).  
Work started on two replacement day nurseries at Bell Green and Tile Hill respectively. (Section 22).  
Special Care Unit (25 places) for severely mentally/physically sub-normal children, opened 8th January. (Section 28).



**NATIONAL HEALTH SERVICE ACT, 1946**  
**MATERNITY AND CHILD WELFARE SERVICE**  
**Section 22**

1963 was not a year of any great change in the Maternity and Child Welfare Service though there was a gradual extension of the mothercraft teaching by both the Health Visitors and Midwives. There was also more contact made with the family doctors. While the general set-up of family doctor services in Coventry — the wide areas covered by their practices and the number of group practices in relation to the Health Visitors — does not permit the allocation of a Health Visitor full-time to a practice, there is developing a system of regular meetings at the surgeries so that information can be mutually exchanged. We continue to operate in six purpose-built clinics and six adapted premises which are available full time and therefore open to planning and organisation of maternity and child welfare events as and when possible by the Health Visitors, Midwives and Health Education Officer. But there remained the eleven premises, mainly church halls, only available on a sessional basis and not really suitable for the purpose, so that areas served by these cannot have an adequate service and are limited to the weekly infant welfare session or, in two cases, a toddlers' clinic as well. The premises at Whoberley, a two classroom unit vacated by the Education Department a few years ago and adapted for clinic use, will unfortunately have to be partially returned to the Education Department to cope with the increased infant entrants. These premises, never very suitable, will then be restricted to the point of complete inadequacy, yet there seems no possible alternative. An additional infant welfare session at Binley in the church hall was started several months after its need was established, but because of shortage of medical staff it could not be opened earlier. It is still impossible to satisfy the demands of the Allesley Ratepayers for a convenient infant welfare clinic. Premises continue to be unobtainable. At the end of 1963 there were 33 infant welfare, 13 toddlers, 3 contraceptive and 1 consultant paediatrician session held weekly ; 2 ante-natal clinics continue to be conducted by general practitioners on clinic premises for their own patients.

During the year a course of training for hearing assessment was held for twelve Health Visitors, and three others who had passed the preliminary test went to Manchester on a more advanced course in audiometry. This advance in the facilities for detecting hearing defects unfortunately coincided with the inability of the hospital service to replace their audiometrician. In order that no child attending the hospital should in this way be missed, a team consisting of Dr. Done and a Health Visitor moved into the hospital and worked there for one session a week using the hospital equipment and helping to keep up with the necessary testing. This has proved very advantageous because there is a possibility of being in close contact with the Ear, Nose and Throat surgeons and the paediatricians. A conference is held monthly attended by the peripatetic teachers of the

deaf, the E.N.T. surgeon, some of the senior trained Health Visitors and Dr. Done. In this way it is possible to discuss the various needs of the individuals and to institute the best treatment at the earliest possible time. Health Visitors also do a considerable amount of testing of the young babies in the clinics and school children in the schools.

### **Child Welfare Clinics**

No new purpose-built premises came into use during the year and the number of weekly sessions at the end of 1963 were 33 infant welfare sessions, 13 toddlers, 9 mothercraft and ante-natal exercises, 3 contraceptive, one paediatric consultation, 2 ante-natal conducted by general practitioners for their own patients.

### **Care of Premature Infants**

The main policy is continued of booking mothers at risk of premature labour into hospital, or admitting them as emergencies if premature labour supervenes. The premature birth rate for 1963 was 8.88 (8.35 in 1962), per 1000 live births.

1. Total premature births was 585, of which 519 were live births.
2. Of 519 live births 130 were born at home and 389 in hospital.
3. Of those born at home (130) 44 were transferred to hospital on or before the twenty-eighth day.
4. Of the 86 remaining at home all but one were alive at the expiration of one month.

### **Dental Care**

The Principal School Dental Officer (Mr. J. A. Smith) has provided me with the following table which gives details of the work which was carried out during 1963 in connection with maternity and child welfare services. This treatment, of course, comprises only a very small proportion of the work carried out by the authority's dental clinics and no separate sessions are set apart for these patients, it being more convenient in the main to include them in normal sessions.

The number of new cases of expectant and nursing mothers shows a six per cent reduction on the previous year, the number of pre-school children who attended the dental clinics increased by 17% compared with 1962.

Numbers provided with dental care.

1963	New cases	Needing Treatment	Commenced Treatment	Attendances	Completed Treatment
Expectant and Nursing Mothers	114	106	89	412	75
Children Under Five	541	404	383	890	354

Forms of dental treatment provided

1963	Scalings and Gum Treatments	Fillings	Silver Nitrate Treatments	Crowns or Inlays	Ex-tractions	General Anaes-thetics	Dentures Provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	17	197	—	3	225	22	16	22	41
Children Under Five	5	114	99	—	904	333	—	—	6

### Provision of Maternity Outfits

A stock of maternity outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home. A recommendation signed by the midwife or doctor is required before issue.

In 1962 the number of such outfits issued without charge was 4,344. The outfits have been modified from time to time on the suggestions of attendant general practitioners and midwives.

### Supply of Welfare Foods

National welfare foods, dried milks from a selected list and other suitable preparations are stocked at the infant welfare centres, either for sale, or if the need is proved, for free issue.

During the year sales to the value of £16,997 5s. 2d. were made at the various centres ; this compares with £16,506 12s. 2d. in 1962 and £14,801 1s. 2d. in 1961.

### Sales of National Welfare Foods at all Clinics during 1963

National dried milk	..	..	..	108,082
Orange juice (bottles)	..	..	..	83,091
Vitamin tablets (packets)	..	..	..	7,484
Cod Liver Oil (bottles)	..	..	..	6,717



## DAY NURSERIES

There was no change in 1963. It is hoped that the two replacement nurseries for Whoberley and Wyken may be ready for occupation early in 1965. These will add another 10 places to the present number of 435. Demands for priority admissions are becoming difficult to satisfy, and at times cases have to wait four to six weeks for admission.

Cases of sudden or temporary difficulty often have to be accommodated as extras.

The matrons are adding more and more social workers' duties to their own administrative ones. They have to sort out the problems of parents and spend much time on this and/or contacting the other social agencies which can help. It would be more realistic if this were recognised by their exclusion from the staff ratio of one to every five children, as, in fact, this means that the staff in actual charge have to care for more than five children. This is accentuated by the shift system which leaves only half the staff available in the early and late hours of opening. Staff difficulties exist owing to the present trend of early marriage and motherhood so that few of the staff stay for any appreciable length of time. It is becoming increasingly difficult to fill any senior posts with sufficiently experienced personnel.

The 16 students who are recruited annually without any difficulty (90 applicants in 1963) are not sufficient to keep the nurseries staffed. This is partly due to the early marriage factor, but also to the increasing number of other interesting jobs now open to nursery nurses. Unfortunately also nursery nurses are attracted to jobs in other fields which do not require their training, but where there are less inconvenient working hours and more remuneration. 14, or 1 in 15 of the non-student staff left in 1963.

This constant change of staff and inevitable gaps before replacements can be found, do not make for smooth running of the service.

19 students of the 22 who commenced the 1961/63 course completed it and all passed the final examination. Of these 13 were Health Department students.

Following the death of Miss Kerslake there was no Course Tutor for the academic year 1962/63 but in September 1963 Miss Hare became the first full-time Course Tutor. With the growth in scope of the course, and the enhanced status of the nursery nurse, this is a step to be welcomed.

Moreover in common with other professions, there will be a need for more post-certificate courses and preparation for senior posts, and it is hoped that there may be an opportunity in the new department at the Henley College for the Course Tutor to organise some such provisions.

DAY NURSERY	Number of Places	ATTENDANCES		Total Attendances
		Age 0 to 2 years	Age 2 to 5 years	
Foleshill	70	7,708	7,969	15,677
Stoke Green	55	3,750	6,755	10,505
Queen Phillipa	54	4,315	4,299	8,614
Poole Road	40	2,318	5,092	7,410
Monks Park	50	3,813	5,490	9,303
Whoberley	40	2,420	5,778	8,198
Papenham Green	50	4,156	5,845	10,001
Wyken	40	2,943	5,149	8,092
Windmill Road	36	2,106	4,521	6,627
Total .. ..	435	33,529	50,898	84,427

The total number of attendances during the year was 84,427 which over the 244 days the nurseries were open gave a percentage of 80 %.

### Nurseries and Child Minders, Regulations Act

There were 12 new registrations in 1963. Of these 6 were for full day minding and involved 24 children in addition to those already in the families. The bulk of such registrations were for the care of a small group of 5 in the ordinary dwelling house treated as family. There were in addition, 6 registrations for a rapidly increasing service, better described as "play groups." These are often run by teachers who have their own small children and take in other children in order to provide a small nursery class. These are open usually in mornings and school terms. They do not in any way cater for working mothers but provide company for children from small families and mainly on new estates. Slightly larger numbers are allowed because hours are short, no meals are served and it is inherent in the idea that there should be sufficient, allowing for absences, to form a play group. In one case, a Community Centre Warden has organised a group of 33 for the children of members of the Centre. Three full-time adults are employed with a nursery nurse in charge.

There remain 8 other registrations in force, involving 73 children. Most of the registrations which involve full-time day care, lapse after a few months. Those who are concerned to register and provide a service open to inspection, tend to discover that it is not very remunerative. It is the unregistered child minder arrangement, where standards may be low and there may be overcrowding, which is the danger. The extent of this, although suspected to be great, is not known.



Instruction in the use of analgesic apparatus.



## CARE OF UNMARRIED MOTHERS AND CHILDREN

Arrangements for the provision of accommodation for unmarried expectant mothers and subsequently of the mothers and the babies includes an agency arrangement with the Committee of St. Faith's Shelter, Coventry. During 1963, 70 mothers and 54 babies were accommodated in this Shelter and for whose care and maintenance the local health authority accepted financial responsibility.

Additionally, the Health Committee has accepted responsibility for the maintenance of 39 unmarried mothers and their expected children in establishments away from the City where there were special circumstances.

	1959	1960	1961	1962	1963
Live Births :—					
Legitimate	5,136	5,625	5,889	6,042	6,068
Illegitimate	297	373	380	462	526
Total	5,433	5,998	6,269	6,504	6,594
% of illegitimate births to total live births	5.47%	6.22%	6.06%	7.10%	8.66%

## MIDWIFERY SERVICE

### (Section 23)

Once more there was a slight decline in the number of home deliveries but an increase in the number of patients discharged from hospital before the tenth day. This is due to a welcome rise in the number of women able to be admitted to hospital but at 56.6% (for comparison 52.4% in 1962) this is still well below the optimum. More of the "at risk" mothers have been booked, but with such a large deficiency in maternity bed provision more have had to be discharged early in the puerperium. The good co-operation between the hospital midwives and the Local Authority Supervisor ensures that those mothers discharged from hospital get adequate care at home though it is not always possible to see that the provision of domestic help is as great as one would wish. The establishment of domiciliary midwives was increased by one, and it was possible to keep the establishment reasonably filled during the year. There were the usual absences due to maternity leave — three midwives — and a total of 1,286 days lost through sickness. The numbers attending relaxation and parentcraft classes have increased. More midwives have been in attendance at G.P. surgeries for their ante-natal clinics and more booking sessions have been opened at the maternity and child welfare clinics for the convenience of patients. Twenty-four part II pupil midwives did their district training with the authority. This is a useful source of recruits to the domiciliary service and provided two of the three appointments during the year. Mrs. Woodley, the Supervisor of



Midwives, represented the City at the International Congress of Midwives in Madrid and was accompanied by two other midwives, who were assisted financially by the Coventry branch of the Royal College of Midwives.

A summary of statistics is given below :—

	1962	1963
Total deliveries .. .. .	3,099	2,953
Doctor present .. .. .	502	340
Doctor not present .. .. .	2,597	2,613
Number of visits made by midwives :—		
Ante-natal .. .. .	30,426	28,232
Nursings .. .. .	55,303	50,747
Special visits .. .. .	3,429	4,174
Patients discharged from hospital :—		
10th — 14th day .. .. .	992	748
5th—10th day .. .. .	1,598	1,971
1st—5th day .. .. .	635	718
Patients booked for home but transferred to hospital in labour .. .. .	345	349
Home Nursing visits by Domiciliary midwives to patients discharged from hospital .. .. .	4,401	6,509
Requests for Medical Aid .. .. .	698	739
No. of times Gas & Air administered .. .. .	1,242	1,024
No. of times Trilene administered .. .. .	1,402	1,443
Clinics attended by domiciliary midwives :—		
Ante-natal booking clinics at L.A. clinics .. .. .	297	513
Ante-natal clinics, including G.P. clinics at L.A. premises, and G.P. Clinics at their surgeries .. .. .		563
Mothercraft classes .. .. .	{ 589	170
Relaxation classes .. .. .		456
Fathers' classes .. .. .		12
Gas & Air machines .. .. .	39	27
Trilene machines .. .. .	23	29
Statutory Refresher Courses .. .. .	1 Supervisor 8 Midwives	
Parentcraft & Relaxation Courses .. .. .	6 Midwives	

### HEALTH VISITING (Section 24)

Four members of the staff resigned during the year, one to retirement, one to another appointment, and two for domestic reasons.

Seven health visitors completed their training.

One health visitor joined us from another authority.

One health visitor returned to part-time work with a view to full-time work in the future.

Four student health visitors commenced training.

Nine members of the staff attended refresher courses.

Three health visitors were trained at Manchester in the use of the audiometer.

In-service training has reflected the growing interest and importance of mental health. Lectures have been given to the staff by a psychiatrist and a mental health officer. A film was shown on phenylketonuria, and regular discussions have been held by groups of health visitors and a psychiatric social worker at the Child Guidance Clinic.

Two health visitors attended the psychiatric course for nurses at Ipswich and gave interesting papers on their return.

One member of the staff completed 25 years of service with this authority. She must have seen many changes and much progress during these years.

Our chief aim in 1963 has been to achieve the fullest co-operation between all social workers, both statutory and voluntary, on the one hand, and hospitals and general practitioners on the other. This has been achieved to such extent that we can feel considerable optimism for still further developments along these lines in the future.

It can be seen from the tabulation of work that discussions with social workers number 1,309. This does not include the general practitioners. I would like to thank all the social workers concerned for the response they have given. Co-operation is essential to provide an efficient, comprehensive and co-ordinated service to the community.

The general practitioners have shown greater willingness to work with the health visitors. Eight health visitors visit eight practices regularly and act as liaison officers. These visits take the form of discussions and exchange of information and so far have proved helpful both to the workers and the clients concerned. Although regular visits are not paid to all the general practitioners, necessary contacts are made and exchange of information takes place between many doctors and health visitors when the need arises. Further regular liaisons will be achieved as and when a sufficiency of health visiting staff appointments allow of this to be implemented.

Co-operation with the almoners of the hospitals continues to flourish, and the health visitors acting as liaison officers are welcomed on the children's and maternity wards at the Coventry and Warwickshire, Gulson Road, Keresley, Whitley and Bramcote Hospitals. The almoners of the Nuneaton hospitals — the George Eliot and the

Manor — make contact when necessary, as does the almoner of the Rugby hospitals.

The health visitors have supervised the practical training of 94 students, involving 342 sessions. These students come from various fields of nurse training and social science courses. This work has been time-consuming and demanding, but worthwhile. Many students have commented favourably and enthusiastically on the friendliness and interest shown by their respective supervisors, the comprehensive experience they have received and the many facilities available in Coventry.

The health visitor's role in health education is increasing. With the help of the Health Education Officer evening talks are being given to groups ranging from teenagers to old age pensioners, mothercraft and parentcraft are being taught in the health centres, and courses are being arranged in schools. We hope this will extend to all the schools as there is a great need for all available help to be given to the adolescents to enable them to adjust to the change and the many difficult demands made on them when they leave school.

A weekly child welfare clinic was commenced on 12th September in the Kenneth Bell Memorial Hall, Clifford Bridge Road. The average weekly attendance is 50, so proving the need for this clinic.

The mothers' clubs which were started at the end of last year have been successful : the mothers are now running these themselves and are arranging speakers. Two more clubs have been started in other centres.

The tuberculosis visitors have been in attendance at the chest clinics and the B.C.G. clinics. They have done domiciliary visits to tuberculosis cases and followed up B.C.G. cases when necessary. Much ingenuity, patience and time is demanded of the tuberculosis visitors, as tuberculosis presents not only physical, but also social and anxiety problems.

A health visitor is now visiting King Edward VII Memorial Chest Hospital, Hertford Hill, as liaison officer, and this more personal co-operation has proved effective.

The steady visiting by the health visitors must not be forgotten. Here the unspectacular work is accomplished, where many problems are discussed and solved ; happy and secure homes are maintained and often tragedy and breakdown avoided — but, obviously, we can assimilate no statistics to prove this. However, this is the essential core of health visiting : to work hard and effectively for the maintenance of positive health, whether it be of a physical, mental, emotional or social nature.

## HEALTH VISITING — TABULATION OF WORK

## Visits :

1.	Ante-natal cases	..	..	..	..	811	
2.	Children born in 1963	..	..	..	..	14,046	} 45,944
3.	Children born in 1962	..	..	..	..	12,113	
4.	Children born in 1958-1961	..	..	..	..	19,785	
5.	Cases of infectious diseases	..	..	..	..	1,537	
6.	Special cases	..	..	..	..	4,922	
7.	Other social workers	..	..	..	..	1,309	
8.	Home conditions report	..	..	..	..	152	
9.	Ineffective	..	..	..	..	9,584	
10.	Surveys	..	..	..	..	34	
11.	Health education talks	..	..	..	..	497	
12.	Handicapped children	..	..	..	..	281	
13.	Pulmonary tuberculosis	..	..	..	..	2,965	
14.	Non-pulmonary tuberculosis	..	..	..	..	241	
15.	B.C.G. follow-up	..	..	..	..	477	
16.	Special visits	..	..	..	..	199	

## Sessions attended :

1.	Child welfare clinics, toddlers special sessions, etc.	..	..	..	..	6,712
2.	School clinics, special clinics and routine medical inspections	..	..	..	..	5,574
3.	Chest clinics	..	..	..	..	275
4.	B.C.G. clinics	..	..	..	..	108



## HOME NURSING SERVICE

## (Section 25)

The Staff engaged in the Home Nursing Service at 31st December, 1963, was as follows :

Superintendent .. .. .	1
Senior Assistant Superintendent ..	1
Assistant Superintendents .. ..	2
Queen's Nurses, Full-time .. ..	38
Queen's Nurses, Part-time .. ..	5
Queen's Nurse Students .. ..	1
S.R.N., Full-time .. .. .	3
S.R.N., Part-time .. .. .	5
S.E.N., Full-time .. .. .	2
S.E.N., Part-time .. .. .	1
Nursing Orderlies, Part-time .. ..	2
Number of Students trained during year	7

Transport provision at 31st December, 1963

Local Authority Cars .. .. .	3
Privately owned Cars .. .. .	25
Privately owned Scooters .. .. .	7
Privately owned Pedal Cycles ..	19

The total number of staff in post at 31st December, 1963 is unchanged from the number at 31st December, 1962.

During the year two additional allowances for privately owned cars have been granted.

During the year there has been less illness amongst the Staff and it is felt that this is probably due to their increased mobility

Total number of patients nursed .. ..	7,219
Total number of new cases .. .. .	6,007
Total number of day visits .. .. .	235,554
Total number of night visits .. .. .	5,386
Total number of supervisory visits .. ..	583
New cases referred by Doctors .. .. .	4,877
„ „ „ „ Hospitals .. .. .	1,001
„ „ „ „ P.H.D. .. .. .	129

Results of treatment were as follows :

Convalescent	..	..	..	..	2,639
Relieved	..	..	..	..	1,799
Hospital	..	..	..	..	624
Died	..	..	..	..	914
Number of patients on books 1st January, 1963					1,212
Number of patients on books 31st December, 1963					1,244

Types of cases nursed :

Medical	..	..	..	..	4,671
Surgical	..	..	..	..	1,637
Infectious diseases	..	..	..	..	3
Maternal complications	..	..	..	..	330
Tuberculosis	..	..	..	..	83
Children under 5, all categories	..	..	..	..	495

During the year there has been an overall increase in the volume of work, the total number of patients nursed during 1963 being 7,219 compared with 6,955 in 1962.

The overall total number of visits has increased to 241,523, compared with 239,343 in 1962. The greatest variation is shown in the number of night visits which in 1963 were 5,386 compared with 4,934 in 1962.

The most significant change which the 1963 figures show as compared with previous years is the increase in the number of patients referred by hospitals. In 1963 this was 1,001, compared with 837 in 1962.

Patients receiving injections in 1963 :

Penicillin 16,718 ; Insulin 36,964 ; Streptomycin 4,442 ; Terramycin 12 ; Viomycin 355 ; Dimycin 3 ; Neptal 10,463 ; Mersalyl 2,887 ; Myocrisin 71 ; Mercardin 45 ; Thiomerin 55 ; Cytamen 6,969 ; Imferon 2,438 ; Jectofer 1,639 ; Anahaemin 865 ; Campolon 175 ; Vitamin B 624 ; Vitamin K 28 ; Vitamin C 12 ; Vitamin B.12 5 ; Vitamin B.1 12 ; Nicotinic Acid 13 ; Ascorbic Acid 9 ; Benerva 28 ; Vitamin D 7 ; Becosyn 27 ; Prostigmin 92 ; Parentro-vite 339 ; Testosterone 893 ; Heparin 63 ; Depo-medrone 105 ; Eucortone 23 ; A.C.T.H. 607 ; Stillboestrol 13 ; Stelazine 27 ; Durabolin 128 ; Calcium 141 ; Adrenalin 366 ; De-sensitization 2 ; Primulot-Depot 52 ; Cortrophine 30 ; Progestin 20 ; Ergometrine 5 ; Disecron 10 ; Oestradiol-Diappropriate 6 ; Laevadosin 156 ; Piriton 4 ; Sentazin 4 ; Thio-tepa 7 ; Etophylate 41 ; Vaccine 214 ; A.T.S. 11 ; Cortisone 85 ; Dramamine 4 ; Silbephylline 32 ; Aminophylin 9 ; Cardophylin 22 ; Morphia 3,140 ; Omnopon-Scopolamine 920 ; Sparine 143 ; Largactil 621 ; Sodium-Phenobarbitone 47 ; Pethidine 1,400 ; Omnopon 772 ; Pethilorfa 96 ; Morphia-Largactil 14 ; Nepenthe 37 ; Pethidine-Largactil 66 ; Dromoron-Largactil 4 ; Sparine-Pethidine 31 ; Narphen 22 ; Dromoron 1 ; Heroin 34 ; Sodium-Gardenal 5 ; Caffeine 40 ; Palfium 43.

## VACCINATION AND IMMUNISATION (Section 26)

### Vaccination Against Poliomyelitis

There is little doubt that the efficacy of oral (Sabin) vaccine is reflected in the low incidence of poliomyelitis in the country, evident especially during the past two years. This has been the experience of every country which has adopted the oral vaccine especially in the form of a planned programme in which as many young children as possible are given protection.

The advantages of the oral vaccine are not simply related to the ease of its administration, but also to the higher index of individual protection and the community protection which results from the decrease in circulating "wild" poliovirus.

During 1963, the number vaccinated against this condition dropped considerably, but this is mainly due to the fact that the great majority of those eligible for protection have already taken advantage of this procedure, and the current figures are mainly related to those infants who received the vaccine on attaining the appropriate age. However, there is unfortunately some evidence that the take-up is not as great as it might be even in this latter group and continuing health education efforts are directed to the improvement of this situation.

### Immunisation against Diphtheria, Whooping Cough and Tetanus

It is gratifying to be able to record a moderate increase in the numbers of children immunised against these conditions. The routine modern practice is to offer triple antigen in the early months of life with booster doses at eighteen months and shortly before school entry. The figures for whooping cough protection are normally lower than those for diphtheria and tetanus as there are certain cases in which this particular fraction of the antigen is contraindicated.

It cannot be repeated too often that the need for immunisation of each child at the appropriate ages is as great as ever, in spite of the relatively low incidence of diseases like diphtheria in this country at the moment. What must be remembered is the fact that only a high index of herd immunity can keep such diseases at bay. Health education is the only answer to this problem and this is best carried out by Health Visitors in all their contacts with young parents in clinics and on their districts.

### Vaccination against Smallpox

The number of primary vaccinations carried out during the year was 1,398. This figure is about half those of 1961 and 1960. (Comparison with the 1962 figure would not be valid because of the

inordinate number vaccinated during that year as a result of the smallpox outbreaks in Bradford and South Wales). The main reason for this drop is the fact that, since January 1963, infants now receive primary vaccination ideally during the second year of life, instead of at four to five months as formerly, and so a latent period of seven to eight months must occur before the figures return to those usually observed.

### Poliomyelitis Vaccination. 1963 Oral

<i>Completed initial course</i> 1st, 2nd & 3rd doses	<i>Year of Birth</i>					<i>Others</i>	<i>Total</i>
	1963	1962	1961	1960—1943	1942—1933		
General Practitioners	179	834	208	225	97	95	1,638
Local Authority Clinics	557	2,114	311	293	97	98	3,470
							5,108
<i>Booster (3rd after 2 injections)</i>	1963	1962	1961	1960—1943	1942—1933	<i>Others</i>	<i>Total</i>
General Practitioners	—	14	81	99	26	17	237
Local Authority Clinics	—	4	24	33	8	6	75
							312
<i>Booster (4th after 3 injections)</i>	1963	1962	1961	1960—1943	1942—1933	<i>Others</i>	<i>Total</i>
General Practitioners	—	—	—	712	—	—	712
Local Authority Clinics	—	—	—	3,092	—	—	3,092
							3,804

Total Number of doses 19,495

### Poliomyelitis Vaccination 1963 Salk

<i>Completed initial course</i> 1st & 2nd injections or 3 injections of Quadrilin	<i>Year of Birth</i>					<i>Others</i>	<i>Total</i>
	1963	1962	1961	1960—1943	1942—1933		
General Practitioners	61	198	24	16	12	10	321
Local Authority Clinics	1	20	4	1	—	—	26
							347
<i>Booster (3rd injection)</i>	1963	1962	1961	1960—1943	1942—1933	<i>Others</i>	<i>Total</i>
General Practitioners	—	98	127	92	33	42	392
Local Authority Clinics	—	9	4	9	—	1	23
							415
<i>Booster (4th injection)</i>	1963	1962	1961	1960—1943	1942—1933	<i>Others</i>	<i>Total</i>
General Practitioners	—	—	—	42	—	—	42
Local Authority Clinics	—	—	—	4	—	—	4
							46

Total Number of injections given 1,216



**Completed Diphtheria and Pertussis Immunisations, 1963**

	Infant Welfare	General Practitioners	Schools	Total
Diphtheria	2,751	1,704	70	4,525
Diphtheria Booster	2,173	814	414	3,401
Whooping Cough	2,632	1,647	—	4,279
Whooping Cough Booster	2,080	714	—	2,794

**Smallpox Vaccination 1963**

Age	Under 1	1—2	2—4	5—15	15+	Total
Primary Vaccination	283	476	184	125	330	1,398
Re-Vaccination	16	41	44	109	584	794

**Tetanus 1963**

	Infant Welfare Centres	General Practitioners	Total
Primary	2,719	2,076	4,795
Booster	2,165	880	3,045

## AMBULANCE SERVICE

### (Section 27)

The statistics for 1963 show an increase and support the views expressed in the previous year, in that the service can no longer absorb enhanced demands without additional staff and vehicles being provided.

Table I provides information on the pattern of demands from 1956 onwards. The percentage of emergency calls remains the same, and corresponds to the national figures, whilst the section covering admissions, discharges, etc., shows a steady decrease over the same period and reflects the increasing use of out-patient facilities whose demands must be met.

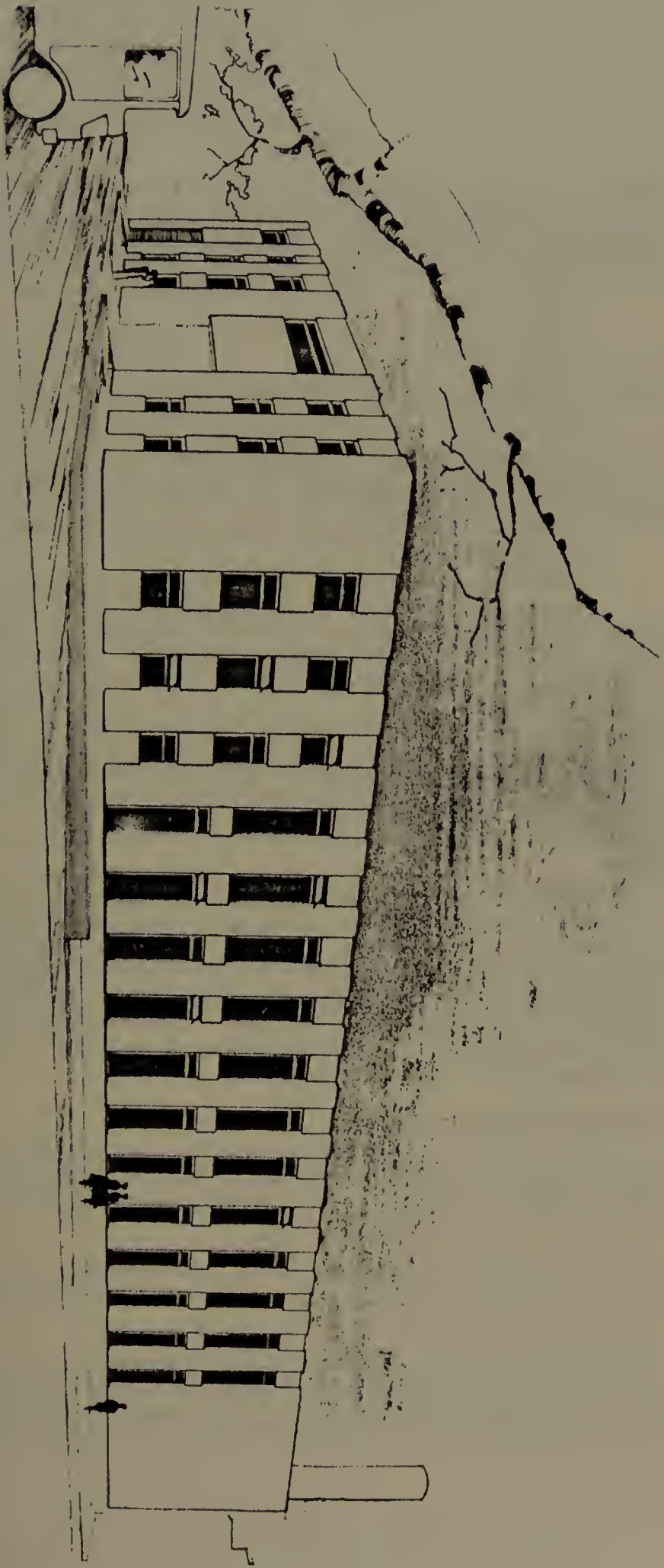
**Table I**  
**ANNUAL COMPARATIVE STATISTICS**

	1956	1957	1958	1959	1960	1961	1962	1963
Total Number of Patients Removed	101,305	93,233	102,112	101,404	109,103	121,961	121,137	126,479
Emergency Patients	4,681 4.6%	4,859 5.2%	4,577 4.4%	4,862 4.7%	5,125 4.6%	5,476 4.4%	5,634 4.6%	6,000 4.74%
Admissions, Discharges and Others	24,157 23.9%	22,449 24.1%	22,630 22.3%	22,295 22.1%	21,990 20.3%	20,728 17.1%	19,263 16.0%	20,817 16.47%
Out-patients	72,467 71.5%	65,925 70.7%	74,905 73.3%	74,247 73.2%	81,988 75.1%	95,757 78.5%	96,240 79.4%	99,662 78.79%
Total Mileage per Patient	3.65	4.61	3.49	3.48	3.53	3.40	3.44	3.3
Total Mileage Covered	370,649	430,397	356,614	353,778	386,008	415,550	417,283	427,653

### Ambulance Station

It is pleasing to report that final approval has been given for the construction of a new ambulance station and that work is scheduled to commence on October 1st, 1964. The accommodation being provided will ensure that the service will be able to operate in a modern purpose-built unit which will do much to resolve a number of existing problems.

A unique feature will be that ambulances will park on two levels, the upper parking area being approached by ramps.



Artists impression of proposed New Ambulance Station.

## Staff

The establishment of the service at 31st December, 1963, was as follows :—

Superintendent	..	..	..	..	1
Deputy	..	..	..	..	1
Control Officer	..	..	..	..	1
Telephonist	..	..	..	..	1
Depot Clerks	..	..	..	..	2
Shift Leaders	..	..	..	..	3
Sub-Shift Leaders	..	..	..	..	3
Male Driver—Attendants	..	..	..	..	58
Female Driver-Attendants	..	..	..	..	12
Female Attendant	..	..	..	..	1
Mechanics (Grade 1)	..	..	..	..	6
Mechanics (Grade 2)	..	..	..	..	1
Part-time Cook	..	..	..	..	1
					<hr/> 91 <hr/>

This shows an increase of three female driver-attendants: also one male driver-attendant, his duties and salary being shared with the Health Department.

## Training

Serious consideration is being given to training requirements and guidance from the Minister of Health, whose working party is still considering this matter, is awaited. Lectures on Emergency Midwifery have been provided and well attended, and towards the end of the year a copy of the film "Emergency Resuscitation" was purchased to help with in-service training. Consideration is being given to the provision of a regional training school based on the Birmingham Ambulance Headquarters.

## Control and Communications

Little or nothing can now be done in the existing premises to improve control facilities, and therefore, concentrated study is being undertaken to ensure that the most efficient system and lay out will be incorporated in the building project.

There have been no extensions of land/line communications but the number of mobile radio-telephone sets have been increased from seventeen to thirty-two.

The Ambulance Enquiry Kiosk at the Coventry and Warwickshire Hospital is still manned by a representative of the service and does much to shield the main control from out-patient enquiries. It seems evident, however, that there is a need for a senior officer



to be present to co-ordinate all ambulance requests. This matter is being pursued with the hospital authorities on the lines of a joint appointment. Approach too is being made to the Warwickshire County Council to ascertain their possible interest in such co-ordinated arrangements.

### **Mutual Arrangements**

The existing arrangements have continued to function satisfactorily and require no major comment.

An exercise to test Major Accident Procedure was undertaken in September along with all other civil emergency services and voluntary organizations. This was the first exercise ever undertaken and was used to improve existing arrangements.

### **Accident and Emergency Calls**

It is not generally realized that accidents in the home provide the highest injury rate, with the extremes of age being the most common victims, i.e., those most in need of constant care and attention.

The incidence of burn injuries rose from forty-three in 1962 to sixty-seven in the year under review, with seven being subsequently transferred to the Burns Unit of Birmingham Accident Hospital.

Of the total accident calls received ninety-one occurred within the County area and were dealt with under the mutual aid agreement.

Tables II and III indicate source of origin and type of emergency calls, respectively.

### **Midwifery Service**

The night control staff dealt with 3,327 requests for the services of midwives.

**Table II**  
**EMERGENCY CALLS — SOURCE OF ORIGIN**

1963	Street	Collapse	Home	Sport	School	Children at play	S.N.R.	Factory	Work	Mine	Public Place	Maternity	Illness	Calls	Patients
January	81	67	155	1	43	—	41	6	16	—	71	—	3	484	467
February	70	63	160	9	50	3	38	5	16	2	55	1	13	485	463
March	110	75	127	13	49	7	53	1	15	—	57	1	7	515	519
April	104	85	125	12	16	10	42	3	7	—	56	—	13	473	460
May	123	92	128	15	37	13	31	4	20	—	48	—	10	521	517
June	112	91	131	12	28	13	43	2	10	—	65	—	8	515	511
July	119	71	144	21	26	8	50	1	11	—	68	—	9	528	511
August	129	68	159	13	1	14	56	—	16	—	69	1	9	535	517
September	124	63	134	19	33	6	51	3	16	—	56	1	8	514	497
October	117	72	112	13	45	12	55	8	17	—	56	1	7	515	497
November	121	69	124	18	53	—	59	6	13	—	63	1	6	533	510
December	125	82	121	12	46	—	56	4	11	—	68	1	5	531	531
Total	1,335	898	1,620	158	427	86	575	43	168	2	732	7	98	6,149	6,000

Table III

## EMERGENCY CALLS — METHOD OF COMMUNICATION

	'999'	25041 G.P.O.	Police	Doctors	Fire Brigade	Hospital	Radio	Messages	Total
63									
ary	292	119	60	—	3	2	4	4	484
uary	279	141	42	—	4	8	6	5	485
ch	332	105	60	—	3	5	4	6	515
l	307	97	48	3	3	8	5	2	473
	337	103	64	1	3	9	1	3	521
	347	86	64	1	4	5	5	3	515
	340	90	73	—	3	9	7	6	528
ist	360	80	78	1	2	5	6	3	535
mber	338	80	78	—	2	8	4	4	514
per	329	105	60	3	3	8	7	—	515
mber	343	100	69	2	1	9	4	5	533
mber	323	124	65	2	4	7	2	4	531
	3,927	1,230	761	13	35	83	55	45	6,149

## Vehicles

The operational strength of vehicles at 31st December, 1963, was as follows :—

Two-berth ambulances	..	..	..	9
Four-berth ambulances	..	..	..	5
Ten-seater dual-purpose ambulances	..			14
Fourteen-seater dual-purpose ambulance				1
Four-seater dual-purpose ambulance	..			1
Special conversion for Mental Health services				1

In addition, the service operates three vehicles on station, workshop and Mental Health duties. Two of the ambulances have been retained beyond their normal operational life to provide fleet reserves.

The operation of a relatively standardised type of vehicle has provided efficient maintenance at economic rate and this policy will be pursued wherever practical. As a result of surveys and tests over the past two years, the most satisfactory tyres for each size of vehicles has been determined with up to 100% increase in tyre life. Consideration has been given to stretcher gear in general use and, as a result, an experiment with a trolley is being undertaken, results so far indicating complete satisfaction from ambulance crews.

A small four-seater dual-purpose ambulance based on an estate car body has been introduced and has proved to be a reliable and useful vehicle, especially in the transferring of burn cases to Birmingham Accident Hospital.

### **Conclusion**

This has been a satisfactory year of operation despite the lack of suitable accommodation and this reflects great credit on staff engaged in the Ambulance Service.

There has been the closest possible liaison between the service and the Hospitals, Police and Fire Departments, without whose valuable assistance the work would have been much more difficult.



## MENTAL HEALTH SERVICE

(Mental Health Act 1959: National Health Service Act 1946.  
Section 28).

In my report for 1962 I commented on the trend for mental welfare officers in Coventry to spend proportionately less time on the duty of helping to admit patients to hospital by compulsory powers. The year 1963 saw a further emphasis in this direction as there was a reduction in the number of such admissions and also an increase in the number of mental welfare officers employed. The number of Coventry patients admitted compulsorily to hospital for observation or treatment under the provisions of the Mental Health Act, 1959, fell from 157 to 125, a decrease of 20%. It is gratifying to record this decline because one of the aims of the Mental Health Act is to encourage admission to psychiatric hospitals through 'informal' procedures.

However, some cases still require the use of compulsory powers which are applied on the basis of medical recommendations from two doctors, one of whom is usually the patient's own doctor. In emergencies the recommendation of one doctor is sufficient. The arrangements are working well and there is good co-operation between the psychiatrists, the general practitioners and the mental welfare officers. The role of the mental welfare officers is an important one and they give a 24-hours service. In addition to helping with compulsory admissions, they also assist the general practitioners in arrangements for admission of informal patients, in special circumstances, and during the year 68 patients were helped in this way. The services of mental welfare officers were also available to the staff of Central Hospital, Hatton, to deal with special enquiries, often in the evenings or at weekends, for example, in connection with patients who are away from the hospital without permission.

In the last quarter of the year the number of mental welfare officers regularly on the rota for special duties was increased from five to eight. One officer is on call at the Health Department during office hours and at home during the evenings and night-time. The fact that more officers regularly share these special duties means that they can devote a greater proportion of their time to social work. I am pleased to be able to report this development in Coventry, which is more favourably placed than many areas in this respect.

Great progress has been made in the past three years in Coventry in building up a strong mental health section, including a large team of social workers; the provision of various kinds of day and residential facilities is of major importance and when these are supported by an adequate casework service for individuals and families, the value of the facilities is greatly enhanced. These ideas are widely accepted but progress towards putting them into practice has been slow in many parts of the country because of a nationwide shortage of trained social workers.

Much attention has been focussed on this problem in recent years and new and additional training courses have been established. In 1961 the Coventry Corporation, with full support from the Health Committee, helped to initiate a full-time Social Science Diploma Course at the Lanchester College and eight students were sponsored by the Corporation with a view to service in one of the appropriate municipal departments. These students completed their course in the summer of 1963 and three were appointed to posts in the Combined Mental Health Service from July, 1963, i.e., two in the Health Department and one in the Child Guidance Centre. In addition, another trained mental welfare officer was appointed in September and one of the officers in post was seconded for training in a psychiatric social work course. In the same month, a psychiatric social worker was appointed with duties mainly in the Child Guidance Centre but also with two sessions weekly in the Mental Health Service.

With the increased staff it was possible to extend the scope and extent of the service. The number of new cases rose by nearly a fifth from 628 to 743. Nearly a third of all new referrals (236) came from general practitioners, the biggest single source of referrals, a clear indication of the very close co-operation which exists between the Mental Health Service and the family doctors. Compared with the previous year, referrals from this source increased by just over a third. The next biggest source of referrals was the hospitals, mainly Central Hospital, Hatton, who referred 206 cases of patients discharged from hospital or referred during or after out-patient treatment. The local education authority referred 102 cases, an increase of nearly a half on the previous year, consisting mainly of the following categories : children classified as unsuitable for education ; boys and girls leaving schools for educationally subnormals ; families referred by education welfare officers ; children formerly receiving treatment at the Child Guidance Centre. This close link with general practitioners, the hospital service and the local education authority is the basis of the Combined Mental Health Service which is being developed in Coventry. Referrals came from many other sources, including Children's Department, Probation Department, National Assistance Board, Housing Department, Welfare Services Department, in fact, from most of the medical and social services.

The biggest proportion of the new referrals were cases of mental illness, using that term in the widest sense, to include cases diagnosed clinically by the hospital services or general practitioners, and also a variety of emotional problems arising from severely disturbed family relationships. 612 cases were in these categories ; 81 were subnormals and 50 severely subnormals. The number of home visits and office interviews rose from 5,188 to 6,649, that is by over a quarter, the increase being entirely in relation to cases of mental illness and general emotional problems. Interviews and home visits in such cases rose from 2,765 to 4,333, that is by well over a half. This represents a considerable achievement in building up a community

mental health service, for a wide variety of cases over the whole range of both mental illness and mental subnormality ; these cases consisted of children of all ages, adolescents, adults and old people who were suffering from acute conditions, chronic states and minor disturbances treated in the early stages.

One of the outstanding developments in the mental health social work service during 1963 was the big extension of the arrangement whereby a psychiatric social worker is attached to a group practice of general practitioners. Such an arrangement had been carried on previously for three years at one of the group practices using the Tile Hill Health Centre, and it proved so successful that in February, 1963, a similar arrangement was made with three other group practices in various parts of the city. In November, when another psychiatric social worker was appointed, an additional group practice adopted a similar arrangement so that, at the end of the year, five group practices with a total of 17 doctors were co-operating with the Mental Health Service in this way. Five psychiatric social workers each spent a weekly session of about three or four hours undertaking interviews on the doctors' premises, in four instances during the afternoon and early evening, and in one instance during a morning. The cases are selected by the doctors as being in need of the help of a P.S.W. The cases represented a considerable variety, some of them being former psychiatric patients who have had treatment on an in-patient or out-patient basis but no longer require the help of a psychiatrist ; most of the cases have not reached the stage of requiring psychiatric treatment and they represent a wide range of social, family and personal problems, many of them in a relatively early stage of development. Although some of the cases are later found to require psychiatric treatment and are then referred on to a psychiatrist by the general practitioner, most can be helped within the framework of the group practice by regular interviews with the psychiatric social worker, who keeps in close touch with the doctor and is guided by him on all medical aspects of the cases. Patients of all ages have been referred, and in nearly every case where the doctor has suggested this form of help, the patient or his family have co-operated willingly and have accepted the need for the help of a social worker specially trained in the psychiatric aspects of personal and family problems. Some children presenting symptoms of emotional disturbance in the early stages, or whose problems were not severe enough to warrant referral to a Child Guidance Clinic, have been greatly helped through the work undertaken with their parents. This side of the work in particular presents a great opportunity for undertaking preventive work in relation to the development of emotional problems of childhood, adolescence or adult life.

However, the preventive aspect is by no means confined to children because it has been found that the psychiatric social worker and the general practitioner can deal with emotional problems of adolescence or adult life which are in the



relatively early stage of development. In this respect there is great advantage in the psychiatric social worker undertaking his or her interviews in the surgery because the patients feel more "at home" and the doctors state that many of these patients would not have been agreeable to being interviewed, at least in the first instance, in the offices of the Mental Health Section in the Health Department, nor in a psychiatric clinic. Another advantage of the arrangement is in the greater communication between the doctors and the psychiatric social worker. Regular discussion of the cases takes place either on the occasion of the P.S.W.'s regular session in the practice or at another time of the week by special arrangement. This face-to-face contact has had exceedingly beneficial results in acquainting the social workers more closely with the social and family problems in the work of a general practice, and also in giving the doctors a greater understanding and insight both into the work of psychiatric social workers and into psychiatric problems generally. It remains to be seen how these arrangements can be developed in the future and it may be that, as well as extending a similar arrangement to other group practices, some variations may be introduced in order that as many practices as possible should benefit; for example, a psychiatric social worker might make periodic visits to meet the doctors in some group practices or even individual practices, perhaps on an area basis, to receive referrals and to discuss cases. With the growth of confidence in and greater knowledge of the work of the psychiatric social worker, at least some of this work can be undertaken by home visits or by interviews in the office of the Mental Health Service when better office accommodation becomes available.

The doctors are unanimous in their praise and appreciation of these special arrangements, which the psychiatric social workers find to be one of the most enjoyable and rewarding aspects of their work, and it is considered to be a most vital development of community mental health services. There is no other example of the arrangement being carried out so continuously and on such a large scale as is now the case in Coventry and which will certainly extend still further in this City. This development, it is felt, represents an important piece of pioneer work holding great value as a demonstration of a new form of co-operation between two aspects of the Part III and Part IV provisions of National Health Service activities and which, in many external localities, are, all too often, regarded as functioning almost in isolation of each other. It needs to be emphasised that this development represents a specialised form of co-operation and that all general practitioners are readily able to refer cases to our Mental Health Service. Thereafter the patients are dealt with by a psychiatric social worker or mental welfare officer as appropriate to the circumstances: or referred, in full association with the general practitioners, for a psychiatrist's opinion and attention as need be. One of the reasons why Coventry has been able to pioneer and expand this development is that, fortuitously, the Combined Mental Health Service has been able to attract a number of psychiatric social workers — now five — whereas most other local authorities are less



fortunate and have either none or a minimal number only who are presumably obliged to concentrate more exclusively on acute cases and other equally urgent work. In our view, a community mental health service should embrace a much wider field of work and, in particular, should always be undertaking at least some *preventive* assignments and aiming at doing still more in future years.

The arrangements for close co-operation with the medical and social work staff at Central Hospital continued in the running of the care and after-care services. The Mental Health Section undertook the social work for one of the weekly psychiatric out-patient clinics at Coventry and Warwickshire Hospital, Coventry, involving a psychiatric social worker and a mental welfare officer in interviews at the clinic and in home visits on other days. A psychiatric social worker also spent a weekly session at Central Hospital to receive referrals and to maintain liaison with the hospital. Referrals in connection with in-patients, out-patients or after-care cases are made by the psychiatrists to the social workers of either the hospital or the local authority service, and in view of the heavy demands for such help, it is expected that the contribution of the local authority service will continue to increase as further trained mental welfare staff enter the service.

The links between the Child Guidance Service and the Mental Health Service continue to be necessarily close, as would be expected for the ultimate integrated concept envisaged. The appropriate degree of interchange occurs between those medical and psychiatric social worker members of staff who, whether in clinical or administrative context, have responsibilities within the combined arrangements. This is essential in order to attempt and achieve whenever possible a solution to the manifold problems of individual patients or families brought to attention. It was possible to extend the social work undertaken at the Child Guidance Centre towards the end of the year, when an additional psychiatric social worker was appointed in September for eight sessions at the Child Guidance Centre : also for two sessions in the Mental Health Service, including work at a group practice of general practitioners. This latter interchange has, of course, been reciprocated for some time now by the attendance of the Principal Mental Health Officer to undertake one session of social work at the Child Guidance Clinic and which also has as its aim the establishment of a further helpful link of co-operation and communication between the two quite closely related disciplines.

The Joint Mental Health Sub-Committee, composed of representatives of the Education Committee and the Health Committee, met six times during 1963. More advanced developments in the progressive and pioneer project to establish a Combined and Integrated Mental Health Service will need to await the erection of the already planned purpose-built Mental Health Centre which will accommodate the Child Guidance Service and the Mental Health Service. It is anticipated that work on this project will commence early in 1966.

A social club for psychiatric patients was started in April, 1963, under the leadership of one of the psychiatric social workers. It meets on Monday afternoons in the premises of a Community Centre, with an average weekly attendance of 12. Most of the members are referred by the psychiatrists and were formally patients at the Central Hospital, Hatton, or at one of the psychiatric out-patient clinics ; some were referred by general practitioners or were already known to our own social workers in the Mental Health Service. Some of the club members have a psychotic illness, but the majority suffer from such neurotic symptoms as chronic anxiety, fear of people, panic attacks in the street, mild depression, etc. Some of these people have not previously been able to leave their homes for many months and all were greatly lacking in self-confidence. It is often necessary for new members to be conveyed to the club until they have gained sufficient confidence to travel alone on public transport. Most of the members were women and several had young children. In order to enable these mothers to attend, a small nursery group was established at the same premises.

There has been a considerable improvement in the condition of many members, some of whom have now left the club and are able to manage on their own. Three of these have been able to return to work.

It is considered that this club has had a successful beginning and that it may be the forerunner of other day and evening clubs and day centres, providing for a wider range of psychiatric problems. These would include people who are recovering from a mental illness and others who have residual disabilities following mental illness, or who are still suffering from psychiatric symptoms but are being treated in the community. Provision of these facilities on the desired scale would necessarily call for an appropriate extension of the staffing and material resources of the Mental Health Service.

The various parts of the Mental Health Services have continued to undertake a major role in the training of students of various kinds. We are pleased to be able to help in this way but it should not be overlooked that this role cannot be undertaken successfully without a considerable investment of time, effort and skills by various senior workers in our Training Centres and social work services. Both the Senior and the Junior Training Centre continued to provide practical work placements for students from the Birmingham course for the National Association for Mental Health Diploma for Teachers of the Mentally Handicapped, and seven students each spent a month at one of the Centres. Four social work students from the Lanchester College spent periods of two days a week for five weeks at the two Training Centres as observation placements and as part of their introduction to various medical and social services.

During the year several parties of psychiatric nurse students from the Nurses' Training School at Central Hospital, Hatton, were given a programme of talks, visits to training centres, the psychiatric

social club, and had home visits accompanied by mental welfare officers as part of their training. The Mental Health Section premises within the Health Department were also used extensively by the two social workers' training courses at the Lanchester College, namely the course for the Diploma in Social Studies and the course for the Certificate in General Social Work. Three students spent two days a week for five months on practical work placements in the Combined Mental Health Service, including one in the Child Guidance Service, and two students spent three days a week for six months in the Mental Health Service of the Health Department. These students undertook social work with selected cases and received detailed casework supervision from senior members of the social work staff: the latter, who are experienced psychiatric social workers, also gave regular casework supervision to each social worker joining the staff who had previously undertaken a training course in social science. Great importance is attached to this role, in providing training for students from training establishments and also in providing in-service training for members of our own social work staff. One of the major problems facing the national community health services today is the acute shortage of trained social workers at all levels of the service and, while the great expansion of training courses which has been initiated by the Ministry of Health in the last two years is greatly welcomed, it should also be appreciated that such courses could not function at all without the co-operation of those local authorities who allow of the active participation of their experienced caseworkers who are already in the field. The dilemma is that these workers are already heavily committed with the extensive demands made upon them to undertake skilled casework with mentally disordered persons and their families. Yet necessary time must be taken from these duties if social workers are to be trained for the future. If this local authority's ten-year plan to expand the services can continue as envisaged, then our Mental Health Service will be in a position to continue its not unsubstantial contribution towards training in addition to providing the fundamental services to the public which is its basic and essential intent.

From September, 1963, it was possible to extend the work being done on the after-care of educationally subnormal children, consequent upon the appointment of additional Mental Welfare Officers. Under the new arrangement, four officers spent part of their time on this work, two with school-leavers from Alice Stevens School and two in connection with Three Spires School. The Mental Welfare Officers visit these schools regularly to get to know the boys and girls before they leave. They also take part in the special series of activities arranged for children during the last six months at school to prepare them for employment and problems of social adjustment. This procedure involves close teamwork with the Headmaster, the Medical Officer for the particular school, and the Youth Employment Officer. There is good reason to believe that these concerted efforts are most helpful in preventing the development of problems in many cases and will lead to timely assistance



where this is required. Similar social work help is given to educationally subnormal or maladjusted children leaving other schools, including residential schools.

During the year, the Short Stay Home for Severely Subnormal Children continued to perform a most valuable function. Seventy-eight children were cared for during short periods varying from a night or a weekend to a maximum of about three weeks : this at times of illness of the mother or to enable the mother and other members of the family to have a holiday or, in certain instances, to enable the mother to take respite from the continuous strain of caring for a severely subnormal child. The Home was fully booked from April to September as it provided for only three places at any one time, there were many occasions when applications from parents to accommodate a child had to be deferred or even refused. The Short Stay Home, which is housed in a three-bedroomed council house (rented from the Housing Committee, furnished by the Coventry Society for the Mentally Handicapped, and staffed by the Health Committee), has served a very useful function as a pilot scheme to prepare the way for a more extensive arrangement in eventual purpose-built accommodation.

An interim Special Care Unit for the more severely handicapped children opened on 8th January, 1963 within a hutment of the previously evacuated Wyken Grange School. The Unit accommodates 24 children on a day-care basis. There are, as yet, few establishments of this type in the country and the local Unit must, therefore, be considered as experimental. A full account of the project and its aims, together with a description of the premises and staffing arrangements, was given in my last Annual Report. It had been hoped to open the Unit early in December, 1962 but, owing to the severe frost and climatic conditions then prevailing, the opening was delayed until 8th January, 1963. Seventeen children were transferred to the Unit from the then Special Care Section of the Junior Training Centre and five other children were also admitted at that time. The children have settled well and most have shown varying degrees of benefit from attendance at the Unit. Generally, of course, progress is very slow, but in one instance a child who was not previously ambulant was assisted to commence walking, much to the surprise of the parents, who seemed to have given up hope of her ever being able to do so. Some additional equipment was obtained and adaptations made, e.g., the walking frame was extended to the width of the room ; rails were fixed round the walls to encourage the non-ambulant children to pull themselves up on their feet and to give confidence also to those who are timid of walking. A walking harness was also fixed and proved to be beneficial. All the children are transported to the Unit and about half of them travel in a specially adapted vehicle.



CLIFFORD—Aged 11 years, Retro-lental fibroplasia. Hyper-activity.



“Climbing to Confidence”



“Group at Water Play” — All without speech, other handicaps also, all now ambulant, and one walked recently at age 8 years.

JULIE—Aged 7 years at entry ; without speech, unable to walk.



ERROL—Aged 6½ years. Non-ambulant, without speech, multiple handicaps.



The transfer of 17 special care children to this Unit from the Burns Road Junior Training Centre enabled a new development to take place within the latter building. A Kindergarten was commenced there for 3-5 year old children and at the end of the year there were 13 children in this group. All were apparently deriving benefit from introduction to community living at this earlier age and it will be interesting to observe how this arrangement progresses. There is anticipation, however, that it will benefit the children in all aspects of their development, including those associated with social and emotional experiences.

The development of pre-reading activities with junior and intermediate groups at the Junior Training Centre has been found to benefit the children although, of course, aspirations are not basically designed to the achievement of reading ability as we normally understand it. The introduction of new equipment to assist in shape discrimination, picture matching, etc., has proved beneficial, since it offers emotional satisfaction to the children who feel that they are "doing the same" as normal children undertake at school and talk about at home.

Groups of children were taken on visits during the year to the following places :— The Senior Training Centre ; the new Cathedral; the new Coventry Railway Station ; the Herbert Art Gallery ; the General Post Office ; and on shopping expeditions. Open days were arranged for small groups of parents, both fathers and mothers, and were well attended.

At the Senior Training Centre the progress described in my last report in gaining regular contracts for out-work was continued, as also were the efforts to place the trainees in outside employment. By the end of the year, 25 former trainees were in full-time employment and 12 had obtained seasonal or casual work. There was a period of a fortnight in December, 1963, when 41 former trainees were undertaking a full day's work in outside employment, either of a permanent or seasonal nature. Nearly a half of the persons in attendance at the Centre travelled unaccompanied on public transport — it was one of the aims of social training to achieve this measure of independence whenever possible.

The social activities in connection with the Senior Training Centre continued to grow. The Tuesday evening dancing class was replaced by a Youth Club which was run by, and in conjunction with, some of the members of two local church youth clubs. The Club later changed its name to the Wayfarers' Club and proved to be very popular with many of the present and former trainees and had a good regular attendance. The Club was managed by its own committee consisting of members of the youth clubs and also two trainees and two ex-trainees of the Senior Centre.

The groups for swimming instruction at the public baths were continued and several more trainees gained swimming certificates.



During the summer, the first annual sports were held and proved to be a most successful event. There were 45 events covering all the usual contests and ranging from a pole and pillow contest to a mile race. Another sporting activity commenced during the year was a roller-skating instruction group every Wednesday afternoon run by a voluntary worker and a member of the staff, at the Canley Community Centre : this by kind permission of the Warden.

One of the big problems concerning the Mental Health Service was the great difficulty in securing vacancies in hospitals for sub-normals, especially for children. Many children were very severely handicapped, both mentally and physically, and presented very difficult behaviour problems : but only seldom was it possible to obtain a vacancy in hospital on account of the shortage of beds. Urgent representations were made to the Regional Hospital Board and to the Ministry of Health and your Chairman and I visited the Ministry of Health in November to discuss this problem with their representatives, where a measure of reassurance was obtained as to the future availability of further appropriate hospital places.

It is opportune at this point for me to express sincere appreciation for the very close and cordial relationships which exist between my Department and the Coventry Society for the Mentally Handicapped. The Chairman and members of the Executive Committee have, on behalf of the Society, been ever willing to help in most practical manner the lot of the mentally subnormal by providing a variety of supplementary equipment or furniture, whether at our Training Centres or Short Stay Home. Their interest and help has extended into other channels also — always with the object of furthering the cause of the mentally subnormal and supporting as best they may the progressive and now widely recognised planning and other measures undertaken by the local health authority in the mental health field : not least on behalf of the mentally subnormal members of the community.

During the year a number of visits were made to some of our mental health establishments, particularly to the Senior Training Centre, by officers or delegates from external local authorities or organisations. The Senior Centre, officially opened on 1st February, 1960, was in the vanguard of such purpose-built establishments erected since the National Health Service Act of 1948 and, because of this, it provided considerable interest both from the planning and administrative points of view. Opportunity was also taken by your M.O.H. to lecture to a number of organisations within the City on various aspects of mental health and mental subnormality, and much interest was shown in present achievements and plans for the future.

My grateful thanks are extended to each and every member of staff engaged in the wide field of our mental health services for the concentration and enthusiasm which they have brought towards the efficient functioning of these fast developing provisions.



Sincere thanks are also due to Dr. E. Stern, Consultant Superintendent, to his fellow psychiatrist colleagues Dr. S. W. Gillman, Dr. C. Tetlow and Dr. K. R. Thomas, and to Mr. A. Gottlieb, Senior Psychiatric Social Worker — all of the Central Hospital, Hatton, near Warwick. Their assistance and liaison is greatly appreciated by all of us who are involved in the running of this City's Mental Health Services. The mutually agreed arrangements represent a most helpful co-operative effort towards assisting the efficient working of our service.

For my part also, I find my membership of the House Committee and Medical Staff Committee, respectively, of the Central Hospital, most valuable links and aids towards achieving a greater measure of mutual understanding in the administrative and executive functioning of our combined mental health arrangements as between City and hospital.



Architects impression of new Adult Hostel and Sheltered Workshops.

**KEY**

1. Hostel — B Block
2. Kitchen and Dining Room
3. Hostel — A Block
4. Sheltered Workshops
5. Administration and Staff Quarters
6. Senior Training Centre (Adjacent site)

**Work Undertaken by the Local Authority Mental Health Section  
during 1963**

1.	Removal of patients to hospital under the Mental Health Act, 1959	..	..	..	..	125
2.	Care and After Care :					
(a)	Subnormal and severely subnormal persons					
	In hospital	..	..	..	..	287
	At home	..	..	..	..	451
						<hr/> 738
	Home Visits and interviews					
	Subnormal and severely subnormal persons					2,316
	Children in temporary hospital care for short periods during year..	..	..	..	..	5
	Persons on waiting list for hospital care as at 31st December, 1963	..	..	..		23
	Persons in attendance at Training Centres on 31st December, 1963 :					
	Junior Centre	..	..	..	..	98
	Senior Centre	..	..	..	..	135
	Special Care Unit	..	..	..		24
						<hr/> 257
(b)	Mentally ill persons :					
	Home visits and interviews	..	..			4,333

## PREVENTION OF ILLNESS CARE AND AFTER-CARE (Section 28)

### Tuberculosis

It is slightly disappointing to observe that the downward trend in the incidence of pulmonary tuberculosis which has been noted during the past few years has levelled off and even risen slightly.

The number of new cases notified to the Department during the year was 145, compared with 135 in 1962, 147 in 1961, and 178 in 1960. The great majority of the 1963 notifications were in respect of persons of middle age or older ; it is gratifying to note that only 22 cases occurred in the 15—24 age group.

It will be recalled that, prior to the Second World War, pulmonary tuberculosis tended to strike young persons and those in early adult life and women, in particular, appeared to be vulnerable. Nowadays, the condition shows a maximum incidence in middle age: men are mainly affected. It is difficult to offer a satisfactory explanation for this change in the epidemiology of this condition but, possibly, because of the greatly improved social conditions, including better housing and nutrition and the offered protection by B.C.G. vaccination to all secondary school children, those persons at present within the first half of their life span may well have an immunity denied to earlier generations. There is also some evidence to suggest that persons developing the condition in middle age may not, in fact, be suffering from the effects of a recent infection but rather the reactivation of an infection unknowingly acquired in childhood.

The provision of free milk to tuberculous patients has continued during the year, as shown in the following table :—

Number of persons receiving milk at 1st January, 1963	226
Number of additional persons allowed milk during 1963	95
<hr/>	
Total number who received milk during 1963 .....	321
Number of persons receiving milk at 31st December, 1963	238
Cost during the year ended 31st December, 1963	£4,125 5s 1d.

### OCCUPATIONAL THERAPY

All patients included in this scheme now have twenty different crafts available to select from.

During 1963 a new smaller van was provided for domiciliary visiting.

Domiciliary patients are frequently reluctant to accept Occupational Therapy but when they realise it is possible to make a much needed article for the home, they come to regard "O.T." as a 'treatment' and take a real interest in their work.



For instance the male patient often finds pride in being able to provide the home with articles such as stools, rugs, coffee tables, and in some cases even to re-upholster chairs, etc.

The female patient is perhaps less reluctant, and tends to become very enthusiastic in providing clothing for herself and family, soft furnishings and gifts, which she would otherwise be unable to afford.

For the patient who prefers to take part in Occupational Therapy outside the home, classes held at Gulson Road Clinic are a continued success. Many patients, who at first worked only in these classes, have now started Occupational Therapy at home also.

The standard of work produced by all patients is becoming higher each year ; this is mainly due to the attitude of the general public, which is very different to their approach towards occupational therapy some years ago. Many people now realise that apart from playing a valuable part in rehabilitation the goods produced from occupational therapy are usually of far better quality and more attractive than mass-produced goods. This gives the patient encouragement to produce the best work possible and the knowledge that it will be appreciated.

Statistics relating to year ending 31st December, 1963 :

No. of patients remaining in scheme from 1962	..	199
No. of patients brought into scheme in 1963	..	32
No. of patients who left scheme in 1963	..	5
No. of patients in scheme at 31st December, 1963	..	226
No. of visits to patients during 1963	..	878
No. of patients visits to office during 1963	..	588
No. of patients attending classes each week	..	25

### VENEREAL DISEASE

Since the inception of the National Health Service Act certain of the authority's Health Visitors have made special follow-up visits to defaulters in order to persuade them to made the necessary attendances at treatment centres. During 1963 there were 54 such visits made by Health Visitors in this connection. It would appear from this figure that although the incidence of venereal disease is on the increase the patients are more co-operative and willing to pursue treatment.

## PROVISION OF NURSING EQUIPMENT AND APPARATUS

A wide variety of sick room appliances continues to be available to members of the public from the Health Department for which invariably a small hire charge is made. Issues are made of the following main items :

Air rings	Cot beds	Lifting pulleys and chain
Back rests	Commodes	Rubber bed pans
Bed pans	Walking sticks	Rubber sheets
Bed tables	Crutches	Tripod walking aids
Bed cages	Feeding cups	Urine bottles
Back rest wedges	Hospital beds	Wheel chairs
Bronchitis kettles	Hydraulic hoists	

During the year requests from consultants, general practitioners, district nurses and midwives resulted in over nine thousand items being loaned to the public.

## MEALS FOR THE SICK AND AGED

The Mobile Meals Service in Coventry, understood to be the first municipally operated Service in the country, was inaugurated in 1949 and has been so extended in its operation, that the average number of meals supplied each week day is now 270, as against 74 in 1949. Additionally, 15 to 20 meals are supplied on Saturdays and Sundays to recipients who even at week-ends cannot otherwise obtain reasonable hot meals on those days. In this connection, the co-operation of the Welfare Committee in agreeing to provide meals from one of the Old People's Homes on Sundays, when the Catering Department's kitchens are not open, is much appreciated. As far as can be ascertained, there is no other service in the country operating on each day during the week which makes it possible in selected cases to have meals everyday.

The total number of meals supplied since the inception of the service is over 472,000.

The following details relate to the activities of this service in 1962 and 1963.

	1962	1963
Total number of meals supplied .. ..	61,006	61,399
Average number per day (i.e. five days per week)	243	238
Cost of purchasing meals	£5,568 13s. 1d.	£5,598 0s. 6d.
Contributions from recipients .. ..	£432 3s. 5d.	£437 6s. 8d.
Net Cost .. ..	£5,136 9s. 8d.	£5,160 13s. 10d.

Mileage run by four vans (five vans from October 1963). .. ..	25,826	26,393
Total number of persons attended .. ..	546	520

Further extensions of the service are contemplated.

A new type of equipment has been tried out and found to be satisfactory, resulting in economies in running costs. Consequently, there will be a full "changeover" as old equipment becomes unfit for further service.

### HEALTH EDUCATION

Miss P. G. Hodges took up her duties in the Health Department as Health Education Officer for the City on 1st April, 1963. This report must necessarily only relate then to her activities for the final nine months of the year.

With a view to assessing present day health education needs, the extent to which they were already satisfied on her arrival and the pattern which future developments might take, Miss Hodges started her work by making various visits and taking part in many discussions.

Discussions with the public, mothers in clinics, women in clubs, young teachers, members of youth clubs, old people, police cadets, voluntary workers etc., and with some trained personnel revealed that :—

(A) Group health education techniques as practised in certain sections of the department's activities, e.g. Ante-natal health education by midwives, was most satisfactory and will be an excellent basis upon which to build and extend group activities for the greater benefit of other sections of the community.

(B) All persons attempting Health Education (especially in groups) should be encouraged to take into account the fact that members of the public have had considerable opportunities for previous experience on Health Education topics from the innumerable alternative sources available today, i.e. (a) the public generally has a greater amount of health knowledge from a larger number of sources than it had ten years ago ; (b) that Health Educators could only discover the extent of this by the non-didactic methods of teaching i.e., of listening and reading ; (c) that the function of the Health Educator might be of most benefit to the public in :—

- (i) interpreting other health information to meet the needs of definite situations

- (ii) encouraging people to sort out the various ideas and information which they had gained from one source or another and to guide them towards basically sound and correct conclusions.

(C) Important as the above requirements are to the content of Health Education, there is the further fact that any officer while engaging in health teaching is exemplifying to the audience a most desirable and indeed requisite trait for any future professional officer to have who is undertaking duties within the preventive health service, be they concerned in personal health or community health considerations. As an example of this attitude the good teaching midwife, while she conducts her parentcraft and relaxation classes, will by her manner, be encouraging confidence in the entire midwifery service for the many young and anxious parents in her audience.

In the light of the above Miss Hodges has held meetings with various groups of public health staff during which methods of teaching and the necessity for keeping up-to-date with public opinion and health information was stressed. Visits were made to clinics to witness teaching sessions, a new syllabus and notes for classes was prepared and the latest literature on health topics was acquired.

During the year other discussion took place with the Director of Education, Head Teachers, Schools Inspectors and Organisers. Experience during teaching in Coventry schools and observation of reports on Health Education from other local education authorities has revealed that :—

(D) The present day adult population has a greater knowledge of health matters than was the situation say, some ten years ago ; that increased health teaching by staff in schools has brought about the added interest of school children in health topics. Much credit for this must also go to the excellent work performed by many teachers in this connection.

Where the specialist health educator is accepted into the school there is need to take careful account of the following factors :—

- (E) (a) Because health experience and knowledge is so variable from child to child and because it can be acquired from many more sources than is the case with other factual subjects taught in school, the basic knowledge on which new health information can be built up necessarily varies from child to child also.
- (b) This means, therefore, that the health educator who aims to be of most service to the child should have good background knowledge and experience of different home environments. Teaching should be relaxed and discursive so that new information or the correction of prejudiced health attitudes can be adapted or taken into consideration for the child's benefit.



(c) Time is needed for guidance from Head Teachers, discussions with other staff and participation in school activities. This helps recognition of the health educator as an acceptable and approachable teacher in her speciality. Moreover, it will establish that desirable relationship with school children which is conducive to confidence, easy discussion and questioning.

(F) For those pupils being taught the more practical subjects, for those whose home environments are lacking in care and training, and for those who for one reason or another have difficulty in absorbing health information from suitable sources, then these categories present an important field of endeavour for staff engaged in Health Education work.

With the above in mind teaching on specialised subjects and in accord with carefully arranged syllabuses has been carried out by appropriate Health Department staff and also by the Oral Hygienist when their services are requested by the Head Teachers. Syllabuses, with variations where necessary, have been offered to Youth Clubs and Schools according to their particular needs. A course in Health Education was arranged for Domestic Science teachers and films, visual aids, leaflets, posters and other material was supplied to young teachers, teachers in training and staff working in this field.

#### Lectures given during the period by Health Education Officer

Smoking and Lung Cancer	67	People involved	..	4,696
Sex Education and V.D.	24	People involved	..	525
Mothercraft .. ..	12	People involved	..	150
Other Health Education topics to other groups	10	People involved	..	493
To Domestic Science Teachers .. ..	6			

In order to build and extend group health education activities to meet the needs of a wider section of the community than that already covered, intentions or suggestions for 1964 include :—

- (i) Still closer co-operation with the family doctor. Considering the large numbers of persons from all social groups who attend a family doctor's surgery and clinics throughout any one year, the opportunities for health education which exist during these sessions must be considerable. Many of the sources from which the public derive information upon health subjects are not necessarily good or correct so that health educationalists cannot afford to miss any opportunity for mutual co-operation with general practitioners. By achieving liaison then correct and effective health education can be provided for those attending and they in turn, have opportunity themselves to inform a wider public.

- (ii) There could be opportunity for a dynamic approach to groups of elderly people whether through appropriate clinics or clubs for the elderly. Available information and statistics concerning elderly, and quite often lonely people show an increasing interest among them in health education: this should be encouraged. Topics dealing with "Preparation for Retirement," "Problems of Middle Age," "Growing Old Gracefully" and the like are subjects with which health education staff could deal effectively.
- (iii) The advantages of greater co-operation with voluntary agencies are considerable. History time and time again has demonstrated the initiative of voluntary organisations in meeting a variety of social needs. Quite often, therefore, they are in an advantageous position to provide information or to help us in assessing public needs and thereafter satisfying them so far as health education is concerned. Clubs and groups organised by voluntary agency — not least those for immigrants — which have as one objective the discussion of worthwhile subjects and thereby provide ideal media through which correct health education can be effectively disseminated.

The channels through which members of staff can offer satisfying health education are considerable and are only limited by the time available to them outside their other routine and demanding practical duties. With more available time to listen to the public, to keep up-to-date with advancing information and techniques then clearly the community would derive greater benefits from a staff well informed and adept in health education methods.

With regard to the subject of smoking and lung cancer, I indicated in my 1962 Annual Health Report (p. 54) the lines so far taken in this connection and that, with the availability of specific health education staff, this subject would have greater attention. I can now report that, with the appointment of our Health Education Officer in early 1963, a more intensive approach has, in fact, been made to the schools and this will be stepped up still further for the future.

Much the same can be said for venereal disease and it will be recalled that, in the preamble to my 1962 Report (p. 14), I made particular reference to the relatively high incidence of gonococcal infection in the teenage section of all the females infected. The need for a more vital approach through health education and to ensure that the confidential facilities were made more widely aware to the public was stressed. There has been more adequate means available to bring the "message" home to the youthful population since our Health Education Officer was appointed and this is a subject to which we will give still further attention in the forthcoming year.

## CONVALESCENCE

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are recommended by the consultant staff and passed to the hospital almoners for allocation to acceptable convalescent homes.

All applications are scrutinised by the Medical Officer of Health prior to recommendation to the Health Committee.

49 applications were approved as a charge on the Health Committee. These 49 cases were accepted for periods of 2, 3 or 4 weeks' convalescence in various seaside homes, and of these 6 were granted an extension of the original period based on further medical representations.

The cost of the maintenance of these patients to the department during the current year was £897 17s. 2d.

In 1963, travelling facilities were provided by way of rail or bus fares at a cost of £151 15s. 6d., 37 patients with 4 escorts were paid for ; the Education Committee refunded the Health Committee to the extent of £7 0s. 0d. for the journeys of 1 school child with escort.

In accordance with the authority contained in Ministry of Health Circular 85, travelling vouchers were made available to relatives for the purpose of visiting patients in hospitals outside Coventry. 48 travel warrants were so issued to the relatives of patients throughout the year ; the cost amounted to £30.

A comparison of the extent and the cost of these services in the last two years that they have operated is as follows :—

	1963	1962
Applications for convalescence received .. .. .	49	65
Applications for convalescence approved .. .. .	49	65
Applications for extension ..	6	4
Cost in maintenance in convalescent homes .. ..	£897 17s. 2d.	£928 3s. 5d.
Travel facilities provided		
No of patients .. .. .	37	48
Cost of such .. .. .	£151 15s. 6d.	£179 2s. 0d.
Visiting facilities for relatives :		
No. of patients visited ..	2	2
No. of travel vouchers granted	48	4
Cost .. .. .	£30 0s. 0d.	£16 7s. 4d.

## HOME ACCIDENTS RECORDED

			Number investigated	Notified by hospital
Burns and scalds	..	..	91	74
Cuts and bruises	..	..	32	20
Head injuries	..	..	26	12
Fractures	..	..	14	6
Poisoning	..	..	52	6
Strains and sprains		..	5	5
Puncture wounds	..	..	1	—
Miscellaneous	..	..	17	10
Total home accidents			238	

## Fatalities

3 children, aged  $1\frac{1}{2}$  years, 3 years and 4 years, died from burns.  
3 old people died from complications following fractures.

These figures do not form a comprehensive picture of accidents in the homes of Coventry. The table above shows the number of accidents treated in the Casualty Department of the hospital, admitted to hospital for treatment or found on the district by the health visitors.

## HOME HELP SERVICE

## (Section 29)

The Director of Welfare Services makes comment as follows :—

“ The Home Help Service in Coventry was already four years old on the “ Appointed Day ” of the National Health Service Act, viz. 1948, and at the end of that year some 90 Home Helps (full-time and part-time) were in employment. The Service has been provided for persons who are in genuine need through illness, infirmity and old age or because of recent or impending confinements.

The succeeding years have produced a steady increase in the demands on the Service and it is interesting to recall that whereas in 1949 the total number of visits to homes by Home Helps was 5,924, the figure had risen in the year 1963 to 119,350.

In order to make for more satisfactory allocation and control of the Service, area offices, each under the immediate control of an Area Organiser, were set up in Holbrooks, Bell Green, Tile Hill and Wyken areas. During 1961, the owners of the Holbrooks office gave notice to terminate the tenancy and since then strenuous efforts have been made to find other suitable premises, but without success. In the meantime, the Holbrooks Community Association kindly agreed to provide a temporary office in their premises in Masser Road, into



which we moved in June 1962 and for which we are extremely grateful. The premises rented at Bell Green are inadequate for the increased number of cases dealt with and arrangements have been made for more commodious accommodation to be provided in the proposed Housing Area Office in Alderman's Green Road.

On completion of the building of Housing Area Offices in Torrington Avenue and St. James' Lane, suitable accommodation was made available by the Housing Committee for Home Help Area Offices.

It has been agreed to set up a further Area Office in Hillfields and the Housing Committee has been approached in regard to the allocation of suitable accommodation for this purpose in the Housing Area Office which it is proposed should be established in the area mentioned.

Despite strenuous efforts it has not been possible to find suitable premises for an Area Office to serve the Allesley-Coundon area.

Induction Courses (which during 1959 were increased in duration from two to three weeks) have been held for several years. These preliminary courses have proved invaluable in selecting the right type of individual for the job. Twelve such courses were held in 1963 and 148 out of 200 applicants were successful and taken on to the staff.

Each Home Help is issued with overalls and headwear, and a distinctive badge is made available to her.

The administrative staff has been varied by the appointment of a Senior Assistant Organiser and by two Area Organisers and at the 31st December, 1963, the staff employed in the Service was as follows :—

1	Organiser
1	Senior Assistant Home Help Organiser
11	Area Organisers
1	Clerical Assistant
1	Clerk/Typist
5	Clerks (2 full-time and 3 part-time)
434	Home Helps

The following summary shows the work done during the year as compared with the previous year :—

						1962	1963
Maternity cases	..	..	..	..	..	529	521
Illness and chronic sickness			..	..	..	477	353
Infirm and aged	..	..	..	..	..	1,828	2,047
Tuberculosis	..	..	..	..	..	51	37
Other cases	..	..	..	..	..	183	224
Total number of cases attended	..	..	..	..	..	3,068	3,182

Last year's applicants still on books	..	..	1,042	1,156
Applications	..	..	2,156	2,040
Advance applications for the next year	..	..	176	126
Cases actually assisted	..	..	3,068	3,182
Applications not pursued	..	..	161	157
Applications not eligible	..	..	20	Nil
Applications still on books at end of year	..	..	1,156	1,310
Total number of visits to homes by home helps			107,472	119,350
Supervisory Visits	..	..	—	29,243

The figures for 1963 again record a very sharp increase in the demand for Home Helps, and it will be observed that 114 more cases were dealt with than in 1962. There was again acute pressure on the service during the winter months, due largely to the increased number of cases and the heavy incidence of sickness amongst old people. The position was undoubtedly aggravated by the acute shortage of geriatric hospital beds and maternity beds.

Arising out of this acute pressure one particular problem has manifested itself, that of dealing with the laundering for the chronic sick and elderly infirm, a matter upon which it is intended to report fully to the Health Committee in the very near future.

One major problem in the Home Help Service is that of the elderly male who has neglected himself and has become dirty and even verminous and whose home has deteriorated beyond reasonable standards. In this type of case, the assistance of a male Home Help is of inestimable value. Moreover, a male Home Help can deal with the difficult elderly patient, carry out bathing and the very dirty jobs which it is not desirable to give to a woman. It was felt there was scope for at least one such appointment in each of the areas and I am pleased to report that at the end of 1963 ten such staff were employed. Experience to date has shewn the value of such appointments.

With the progressive increase in the number of old people and with the emphasis on "care in the community," the Home Help Service is making an important contribution as one of the domiciliary services required for this purpose. It is therefore vitally essential that the Service keeps pace with demand.

The establishment of a Night-Care or "Sitters-in" Service (under Section 28 of the Act) on a limited scale on the 1st October, 1958, to supplement the existing Home Help Service by the provision of attendance during the night hours for seriously ill persons who are without relatives or friends to assist them, is continuing to prove very worthwhile. Additionally, the service is used to relieve, in exceptional circumstances, persons who already provide these services for their friends or relations.

The demand for this service increased during the year and the cases dealt with numbered 77, as against 45 in 1962.

During 1963 (with the acquiescence of the Health Committee), a German girl, who is a Home Help in her own country, came to work

in the Coventry service to widen her experience in social work, and it is understood that it will be possible to make reciprocal arrangements.

An interesting ceremony took place during the year when the then Deputy Mayor (Alderman Mrs. E. A. Allen) presented Long Service Badges to 50 Home Helps with service ranging from 8 to 16 years.

The Home Help Service, despite staffing difficulties, has again responded well to the many calls made upon it and the expressions of appreciation received are very gratifying. The Home Help Organiser and her staff are to be congratulated for their efforts.

The Chairman of the Health Committee and the Home Help Organiser attended the International Congress of Home Help Organisers in Finland in September, 1963, which they found interesting and from which much was learned of the services available in different countries.

The Health Committee became members of the newly formed National Council of Home Help Services in 1963 and it is very gratifying to learn that Councillor R. Loosley, Chairman of the Health Committee, was made Chairman of this newly constituted body."

### **CHIROPODY SERVICE**

**(Coventry Corporation Act, 1958 Section 72)**

The Director of Welfare Services has provided me with the following comment :—

“ One of the most common causes of immobility in elderly people, with its consequent dependence upon others, is foot troubles and it is satisfying to know that with the coming into operation of the Coventry Corporation Act, 1958, the Council became empowered to provide a Chiropody Service for aged and necessitous persons. The Council delegated its powers to the Welfare Committee, who decided inter alia :—

- (a) That the service should commence on the 1st March, 1959 as a free service for aged and necessitous persons as defined in the Act.
- (b) That the service provide for the giving of treatment to both ambulant and domiciliary cases.
- (c) That the chiropodists to be employed by the Council shall be qualified chiropodists, that is to say chiropodists who are members of the Society of Chiropodists or whose names are included in the list kept by the Minister of Health under Paragraph 3(4) of the National Health Service (Medical Auxiliaries) Regulations 1954.

Under the Professions Supplementary to Medicine Act, 1960 it is contemplated that regulations will be brought into force prescribing the conditions under which members of professions supplementary to medicine (including chiropodists) can be employed by a Local Authority. Accordingly there may have to be some amendment of paragraph (c) above.

With the inception of the Council's Scheme, the Assisted Scheme of the Central Committee for Old People's Welfare was no longer necessary and was, therefore, wound up.

This Service has proved a boon to elderly people and there has been a progressive increase in the number of new applications, particularly from housebound persons."

The number of participants at the 31st December, 1963 were :—

Surgery cases	..	..	..	..	..	..	1,039
Domiciliary cases	..	..	..	..	..	..	1,009
							<hr/> 2,048 <hr/>

### REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION

(National Assistance Act 1948, Section 47,  
and  
National Assistance (Amendment) Act, 1951).

During 1963, it was necessary to invoke compulsory powers under the National Assistance Acts, 1948 and 1951, for the removal of one case, as follows, in which the individual concerned, although in urgent need of Hospital care, was unwilling to be admitted, despite all the efforts of her Doctor, the Medical Officer of Health, Social Welfare Officers, and others to persuade her.

#### **Mrs. V. G. D.-D., 70 years**

This woman was seriously ill, had collapsed and her condition was reported to the police. She was living in a house occupied by Indians and there was no one to care for her. She was in a dirty state, there were no washing nor toilet facilities immediately available to her and there was evidence of incontinence. It was accordingly necessary to take action for compulsory removal. The necessary Order was obtained and the patient was conveyed to hospital on the 6th February, 1963, where she remained without the necessity of applying for an extension of the Order until the 23rd August, 1963, when having recovered she was transferred to an Old People's Home. She remained at the latter establishment until the 3rd September, 1963, when against advice she took her discharge to an address which she refused to disclose.



There were one or two other cases of persons requiring attention who, in the first instance, refused to avail themselves of such facilities as the Hospital or Welfare Department was able to provide or to make available, but eventually they were prevailed upon to enter suitable premises, without the necessity to invoke the powers of compulsory removal.

### PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the City's water supply.

	1962	1963
Houses with water supply laid on ..	95,653	95,942
Houses supplied by stand pipe or similar mains. . . . .	871	838
Population supplied direct .. ..	308,337	312,327
Population obtaining mains supplied by stand pipe or other means (not direct) .. ..	2,613	2,732
Total population supplied .. ..	310,950	315,059

The supply has been satisfactory both in quantity and quality.

Information in respect of chemical and bacteriological examinations is as shown in the following table.

## CHEMICAL AND BACTERIOLOGICAL ANALYSES

1963

	<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
<b>Bacteriological Examinations</b>	All underground supplies, Strensham, and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry.
		Fortnightly	Coventry Public Health Laboratory
	Strensham	Treated water Daily	City Laboratories Service Laboratory at Strensham
		All stages including inlet and outlet Bredon Reservoir —weekly	„
	Distribution System	8 samples each week	City Laboratories Service, Coventry.
<b>Chemical Examinations</b>	New & repaired mains, consumer complaints, etc.	As required	„
	All underground supplies, and bulk supply from Birmingham	Fortnightly	„
		Full chemical and mineral analyses —periodically	„
	Strensham	Treated water and all stages —partial analysis —daily	City Laboratories Service Laboratory at Strensham
		Full analysis, water sampled at Meriden —weekly	City Laboratories Service Coventry.
		Full analysis, all stages through works —monthly	„

The waters are not liable to have plumbo-solvent action.

Action taken in respect of any form of contamination consists of chlorination at all sources of supply which at underground sources of supply is only a marginal dose.

## SEWERAGE AND SEWAGE DISPOSAL

As I mentioned in my Report for the year 1962 the Council's Main Drainage and Sewage Treatment Capital Works Programme covers the re-drainage of much of the City and is occasioned by the inadequacy of the existing trunk and certain intercepting sewers due to the phenomenal development that is taking place. This work commands a high priority in the development of the City and construction work is well ahead on contracts to the value of some £2¼ million.

The small dilution available in the rivers and brook-courses in the drainage area precludes the installation of new direct storm overflows. Existing overflows are being eliminated as the new sewers are laid and regional storm water balancing stations will be built on the three principal sewers. The first such station will be completed in 1964.

The trade effluent scheme is being implemented by the Trade Waste Inspectorate in the City Engineer's Department and very satisfactory progress is being made in the control of such discharges.

## COVENTRY CREMATORIUM

The Canley Crematorium which is owned and operated by the Parks and Cemeteries Department of the Corporation continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health as medical referee has the assistance of the Deputy Medical Officer of Health and his two Senior Medical Officers as medical referees.

The figures for 1963 with comparative figures for preceding years were as follows :

	1963	1962	1961	1960	1959	1958	1957	1956
Total cremations	2,422	2,422	2,086	1,992	1,762	1,679	1,688	1,651
Coventry residents	1,399	1,442	1,190	904	849	814	734	735
Residents of other areas	1,023	980	896	1,088	913	865	954	916

Once again during 1963 the number of cremations taking place at the Coventry Crematorium outnumbered, as in 1962; and recently preceding years, the number of burials (1,588) in the city.

## HOSPITALS

The hospitals and annexes in the City under the control of the Hospital Management Committee (Group 20) of the Birmingham Regional Hospital Board are as follows :

The Coventry and Warwickshire Hospital

Gulson Hospital

Whitley Hospital

Paybody Ophthalmic Hospital

## SUPERANNUATION EXAMINATIONS

Medical examinations for superannuation purposes, initial entry into Corporation service, prolonged sickness, retirement, etc. commenced in the Health Department on the 10th November, 1952, and from that date onwards 11,724 examinations have been carried out by the department medical staff as follows :



	11.11.52 to 31.12.53	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
<b>SUPERANNUATION SCHEME.</b>											
Passage into Superannuation Scheme .. .. .	335	360	534	606	552	374	194	203	196	158	145
Longed sickness or retirement .. .. .	30	34	29	23	16	43	28	24	33	36	46
Pass to resume work ..	11	27	8	31	28	9	51	28	25	31	44
Superannuation medicals for Fire Councils .. ..											25
<b>POST-RETIREMENT SUPERANNUATION.</b>											
Police entrance examination Transport Department	574	577	640	484	327	257	316	424	323	300	297
Longed sickness or retirement .. .. .	42	23	11	5	—	1	9	12	16	12	26
Police re-examinations ..	31	50	27	43	57	107	111	117	122	150	120
<b>FIRE SERVICE EXAMINATIONS.</b>											
Passage to Fire Service Pension Scheme .. ..	48	93	9	20	18	23	31	26	24	25	31
Longed sickness or retirement .. .. .	4	5	1	3	4	1	1	4	4	8	4
Police medical examinations on non-superannuated posts, .. .. .	1	10	17	18	13	3	12	6	14	14	17
<b>OTHER EXAMINATIONS.</b>											
Police and other examinations for non-superannuated in Corporation Service	2	2	9	4	16	100	229	343	284	109	187
<b>TOTALS .. .. .</b>	<b>1,078</b>	<b>1,181</b>	<b>1,285</b>	<b>1,237</b>	<b>1,031</b>	<b>918</b>	<b>982</b>	<b>1,187</b>	<b>1,040</b>	<b>843</b>	<b>942</b>

# WORK OF THE PUBLIC HEALTH INSPECTORATE DURING 1963

Report of the Chief inspector

B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector	E. A. Johnson, M.A.P.H.I.
Divisional Food and Drugs Inspector	H. Ellis, M.A.P.H.I.
Divisional Meat Inspector	..... L. Himsworth, M.A.P.H.I.
Divisional Inspector (South)	..... T. E. Willmott, M.A.P.H.I.
Divisional Inspector (North)	..... D. C. Norcliffe, F.A.P.H.I., M.R.S.H.
Divisional Housing Inspector	..... R. D. Hayne, M.A.P.H.I., M.R.S.H.
Senior Housing Inspector	..... J. Lowe, M.A.P.H.I., M.R.S.H.
Senior District Inspector (South)	..... D. H. Evans, M.A.P.H.I.
Senior District Inspector (North)	..... W. D. H. Kear, M.A.P.H.I.
District Inspectors	..... J. E. Saunders, M.A.P.H.I. ..... G. L. Morris, M.A.P.H.I. ..... J. E. Smith, M.A.P.H.I. ..... A. G. Harrison, M.A.P.H.I., M.R.S.H. ..... H. B. Parker, M.A.P.H.I. ..... J. W. Stranks, M.A.P.H.I., M.R.S.H. ..... J. P. Higgins, M.A.P.H.I. (To August, 1963) ..... E. W. Wright, M.A.P.H.I. (To November, 1963) ..... B. G. R. Coley, M.A.P.H.I. (From May, 1963) ..... R. Sault, M.A.P.H.I. (From July, 1963) ..... J. B. Simpson, M.A.P.H.I. (From July, 1963)
Food and Drug Inspectors	..... H. Lenton, M.A.P.H.I. ..... B. McCutcheon, M.A.P.H.I. ..... D. J. Wilson, M.A.P.H.I.
Meat Inspectors	..... E. Weare M.A.P.H.I. ..... J. Harrison, M.A.P.H.I.
Student Inspectors	..... Miss W. L. Spence ..... M. J. Skinner ..... R. D. Wagstaff ..... D. Sutton ..... R. Martin ..... T. J. Mills ..... D. Kennedy (From October, 1963) ..... K. A. Pallister (From September, 1963)

Smoke Control Technical Assistants				A. W. Garlick J. Oakley Mrs. S. J. Hogg Mrs. S. Dale Mrs. L. Veasey
Disinfector	.....	.....	.....	E. J. Gibson
Chief Public Health Inspector's Secretary	.....	.....	.....	Mrs. M. D. Butterfield
Shorthand Typist	.....	.....	.....	Miss P. Langston
Senior Group Clerk	.....	.....	.....	Miss L. A. Wheatley
Group Clerks	.....	.....	.....	Miss E. M. Brown Mrs. H. M. Abel Mrs. P. G. Vivian Miss B. L. Smith Mrs. R. Mann
Junior Clerk	.....	.....	.....	Miss C. M. Miller (From June, 1963)
Rodent Officer	.....	.....	.....	W. J. Brown
Rodent Operatives	.....	.....	.....	A. Baker (To April, 1963) W. Head D. F. W. Pearse F. M. Bingham (From May, 1963)

Details of the work undertaken by the Public Health Inspectorate follow hereinafter and, in addition, the Chief Public Health Inspector remarks upon a number of salient factors which have had particular point during the year, i.e., a very severe winter with excessive frost which caused considerable working difficulties and, not least, affected the public services — the Inspectorate having their share of related troubles. Meat inspection was severely affected by the cold and staffing difficulties ensued ; water pipes were frozen and many houses were devoid of water supply ; housing repair work was halted for up to 10 weeks ; and distribution of fuel supplies became extremely difficult and brought hardship to householders.

Houses in multiple occupation brought their considerable problems and the need for additional housing to relieve this impasse was apparent. Of 94,000 houses in the city, 7,044 have two or more families and 1,537 have three or more families. The problem increases progressively and causes the Health Committee the utmost difficulty in resolving : besides bringing unhappiness for the occupants and, not least, for newly wed couples.

The 1957 Rent Act provides inadequate means for householders (even those paying full rents) to require owners to maintain their properties adequately. Decontrol of dwellings from rent restriction has caused an inordinate increase in the number of occupying families and thereby greater difficulties for the local authority to resolve.

Intensified sampling of foodstuffs and drugs, for analytical purposes, occurred throughout the year. Shortages of staff limited the visitations to food premises and this is unfortunate, since the maintenance of good standards of food hygiene is so important to the public. The increase of foreign bodies found within foodstuffs is disturbing. The hygiene of some soft ice-cream vendors could be improved, judging by bacteriological reports. Those engaged and recruited into the food trades should be required to have a greater understanding of the dangers arising from food contamination and the means available to prevent this happening. Many hundreds of people enter and leave the food trades without knowing the essentials of good food hygiene.

A section of the purchasing public appear to think protective cellophane wrappings unnecessary, serving only to cause difficulty in the unwrapping, or, peculiarly, as an indication of unwholesomeness in the contents. This can be frustrating to manufacturers and there is need for a more enlightened public attitude towards such protective measures. A course of Food Hygiene lectures run by the Royal Institute of Public Health and Hygiene in co-operation with the Coventry Technical College has achieved good results and more such courses are desirable. Eighty-six people attended the course and some 27 sat the Institute's examination and were awarded its certificate.



A further smoke control area having 3,800 dwellings became operative. This involved much intensive work for staff and, indeed, the procedures are complicated, as also the administrative requirements. The provisions of the new Government Circular, December 1963, will allow of a greater range of fuel burning appliances—an advantage to householders, to whom also greater grant aid provisions are available. Conversely, this will tend to slow down the local authority's clean air programme.

There are now 12,000 houses in smoke control areas and, generally, the population appreciate the benefits to be derived: a smaller proportion find or create unnecessary difficulties and one or two coal merchants are not unblameworthy. Such people must understand that they are unneighbourly, besides contravening the Smoke Control Orders. There is only need to look around in an intelligent manner to find the benefits from the smoke control provisions, i.e., cleaner buildings and household furnishings, better personal health and well-being.

Air pollution from industrial sources engages much departmental time. Two serious incidents arose in 1963: The first related to a heavy discharge of grit from the local power station. With the assistance of the District Alkali Inspector and the resulting efforts of the Generating Board Authorities, new grit arresting plant was installed prior to the autumn. The second incident involved a heavy discharge of fly ash from a fuel pulverising plant. Vigorous departmental action persuaded the company to improve their equipment.

Noise abatement occupied a great deal of staff time in 1963, and many complaints were received, investigated and dealt with: successful results were obtained in all instances. The Inspectors perform much of their investigation at night time or in the early morning — something which is probably not widely understood. One noise problem involving the testing of jet aero-engines created particular difficulties for residents, some of whom lived as little as 130 yards from the source. Nevertheless, the efforts of the company concerned in abating the nuisance were particularly helpful and, indeed, they went to great expense in achieving the desired end. Such co-operation in this City is, fortunately, indicative of the general helpfulness which our Inspectors receive from Industry.

Frequent sampling of water from rivers and streams was undertaken and there was the usual effective co-operation with officers of the Severn River Board. There is much obstruction of these waterways within the City, caused by inconsiderate citizens dumping rubbish and a variety of unwanted furniture, metal, clothing and other items: these are costly to remove.

The new Meat Regulations, requiring full meat inspection, came into force towards the end of the year. Coventry has already achieved 100% inspection for some years but, nevertheless, the new Regulations make it necessary to intensify inspections and ensure

correct marking of carcases according to a specified routine : this, too, has increased the work of the Meat Inspectors.

There is need for increased health education in the environmental and hygienic field of the department's work because of the additional requirements of an increasing population. The Public Health Inspectors were actively engaged in talks to a variety of organisations throughout the year and publicity is used where and when appropriate to give accent to this important work.

The persistently increasing population in Coventry brings also a need for an extension of health and other social services. The need for additional Public Health Inspectors to meet the extended duties is, therefore, apparent and the department meets with some part of this requirement by undertaking a training programme : an arrangement which is fairly typical in the large County Boroughs and Boroughs.

This brings its difficulties, however, because of a partial wastage of newly trained Public Health Inspectors to those smaller local authority areas, where, often working conditions and additional inducements are offered. This is unfortunate for the larger and expanding authorities because the greater pressures of work make their need for an established staff most essential.

## NEW LEGISLATION

The Department will have responsibility for implementing the following Orders, Regulations or Enactments which became operative during the year :

The Swine Fever Order, 1963.

The Ice Cream (Heat Treatment, etc.) (Amendment) Regulations, 1963.

The Milk (Special Designation) Regulations, 1963.

The Housing (Payments for Well Maintained Houses) Order, 1963.

The Smoke Control Areas (Authorised Fuels) Regulations, 1963.

The Animals (Cruel Poisons) Regulations, 1963.

The Meat Inspection Regulations, 1963.

The Offices, Shops and Railway Premises Act, 1963.

## HOUSING

The Housing Division of the Department was under heavy pressure of work during 1963, due mainly to the vigorous implementation of the provisions of the Housing Act, 1961, in relation to houses in multiple occupation. This was in addition to dealing with the problem of removing unfit houses, both under the demolition and clearance provisions of the Housing Act, 1957, and those closed voluntarily in anticipation of formal action under the statute.

The main difficulty in dealing with unfit houses is that of providing alternative accommodation for the families displaced. The demand for houses is also affected by the necessity for the local authority to provide houses to replace those demolished in carrying out the major redevelopment and road works which are being undertaken in this city. In this respect it is fortunate that many of the dwellings involved were those which would otherwise have had to be dealt with by clearance action. Some fifty-four houses were inspected and certified as being unfit, and were included in a Declaration of Unfitness Order in connection with a redevelopment scheme. A Public Enquiry into objections to the Order was awaited at the end of the year. Although no Clearance Orders were made, five such Orders made the previous year, involving forty-eight houses, were, after a Public Enquiry and a visit by the Ministry of Housing and Local Government's Inspector, confirmed without modification. In addition to this number, eight houses were reported for Demolition Orders, three for Closing Orders, and three Closing Orders were made on parts of buildings. Twenty-four houses were closed on a voluntary basis by the owners. The extent of the problem relating to houses in multiple occupation can be judged from the fact that from the most recent information available, 1,537 houses are now known to be occupied by three or more families, and an additional 5,507 houses are occupied by two families. Some 419 of the known houses in multiple occupation were inspected and detailed reports prepared. Of these houses, 129 were found to be defective in respect of the desired amenities, and required the service of notices under Section 15 of the Housing Act, 1961. In addition, having regard to existing amenities in the houses, directions to prevent or reduce overcrowding in fifty-nine other houses were given under Section 19 of the Act. Appreciation of the full co-operation which has been given by the Fire Prevention Officer of the City Fire Service is recorded here, in advising on the necessary steps to be taken in regard to the provision of means of escape in case of fire. Acting upon the advice received, nineteen notices have been served requiring means of escape under Section 16 of the Act.

A practical difficulty experienced from time to time in the administration of the "multiple occupation" provisions of the Housing Act, 1961, is the change of ownership which takes place in certain instances between the time of inspection and authorisation of notices. It is not an uncommon occurrence where a direction is authorised to be given in respect of houses of this character, to find



that a complete change of occupation has taken place within the space of a week or two after the original inspection was made. The administrative time waste and delay in correcting these unrevealed changes in tenancies and statutory control is a serious obstacle to the efforts of the Department towards the achievement of an improvement in the standards of multiple housing which is urgently necessary.

Where notices are required to be served for the carrying out of works to conform with the "amenity" clauses of the Act, it is felt that the absence of a penalty clause for failure to comply is a major deficiency of this statute.

The implementation of the Housing Act, 1961, imposes additional demands upon the limited supply of new local authority dwellings which become available. The service of notices demanding extra amenities and the giving of directions restricting the number of occupants may each present a claim for a share in these slender housing resources.

While it is not the policy of the Health Committee to accept for the families occupying this accommodation any standard short of that laid down by the provisions of the Act, it is not unreasonable to expect that housing accommodation must be used to the greatest extent.

The remedial measures to bring these multi-occupied dwellings into conformity with the Act are therefore conditioned by the prevailing circumstances which will allow the greatest improvement to be made with the least occupational disturbance.

The declared objectives of the Rent Act, 1957, are to enable rented houses and flats to be put and kept in repair, to increase the total stock of rented accommodation, to secure a better use of existing housing accommodation, and to make a beginning on the restoration of a free market in rented housing. The repair clauses were designed to remedy the dilapidation and disrepair into which the great mass of rented housing had fallen since the end of the war. They are applicable to all controlled dwelling houses in need of repair, and, by conforming to the procedure laid down in the Act, may be invoked by a tenant at any time when defects are found to exist. The Act provides safeguards for tenants, especially those in possession of houses which are subject to a controlled tenancy.

It is estimated that there are some 22,000 privately owned dwelling houses in the city which come within the "control" provisions of the Rent Act, 1957. The tenants of these controlled dwellings have security of tenure. They can obtain a Certificate of Disrepair as often as the disrepair of the house justifies it, and in so doing can obtain relief from rent increase while a Certificate is in force. Moreover, rents can be increased only within specified limits, and should the owner choose not to do repairs in accordance with the requirements of the Act, then he surrenders his right to the statutory increase.



Since the Act came into force in July, 1957, applications for Certificates of Disrepair have been made in respect of only 1,118 private dwelling houses. This number includes thirty-one applications made in the period under review. There is a great reluctance amongst occupiers of controlled houses to exercise their rights under this statute.

The "standard" and "discretionary" grant provisions of the Housing (Financial Provisions) Act, 1958, as amended by the House Purchase and Housing Act, 1959, and the Housing Act, 1961, continued to offer financial assistance to private owners towards the cost of modernising old houses which have a useful life. Applications for the standard grant were made in 974 instances, of which 391 referred to the installation of hot water supply only. This kind of grant is available by right for the purpose of providing houses with the five standard amenities, consisting of the provision of a fixed bath or shower in a bathroom, a wash hand basin, hot water supply, water closet accommodation, and satisfactory facilities for the storage of food. The object and intention of the grant is to help the modernisation of houses which are in need of and can be equipped with these five amenities. The application of the standard grant provisions to the method of providing the single item of the hot water supply, when all the rest are provided, is open to question. Applications for financial aid towards this item alone are at the present time held in abeyance. Of the 583 applications in respect of providing all the standard amenities, approval was given in all but eight instances.

The number of houses inspected as to their suitability for discretionary grants was 221, of which all but two were recommended.

## HOUSING STATISTICS FOR THE YEAR, 1963

Number of houses which on inspection were considered unfit for human habitation. ....	711
Number of houses in which the defects were remedied in consequence of informal action by the Local Authority or their officers .....	441
Number of reports made to the Local Authority with a view to	
(a) the issue of notices requiring the execution of works	697
(b) the making of Demolition Orders or Closing Orders	14
Number of notices served requiring the execution of works	697
Number of houses which were rendered fit after the service of formal notices .....	256
Number of Demolition or Closing Orders made .....	13
Number of houses in respect of which an undertaking was accepted under Section 16 of the Housing Act, 1957 .....	1
Number of houses demolished .....	188
The City Engineer kindly gives the following information concerning new dwellings :—	
(a) Number of new dwellings erected during the year	
TOTAL .....	1,240
(b) With state assistance under the Housing Acts	
(i) By Local Authority .....	220
(ii) By other bodies or persons .....	Nil

## REHOUSING

Number of applicants on waiting list 1st January, 1963 .....	6,930
Number of applicants on waiting list 31st December, 1963	7,657
Number in Category A (First Priority) .....	1
Number in Category B (Second Priority) .....	1,178
Number in Category C (Third Priority) .....	4,911
Number in Category D (Fourth Priority) .....	1,567
Number of families rehoused during the year	
From Category A .....	9
From Category B .....	324
From Category C .....	661
From Category D .....	76
Number of applications for Corporation Houses made during the year 1963 .....	1,070
Number of dwellings erected by the Corporation during the year 1963 .....	1,797
Number of families rehoused as a result of representations by the Public Health Inspectors' Department .....	220
Number of houses voluntarily closed .....	32

### HOUSING ACT, 1957 — OVERCROWDING (applicants on Corporation Housing List\*)

(a)	(i)	Number of houses overcrowded at the end of the year .....	516
	(ii)	Number of families dwelling therein .....	684
	(iii)	Number of persons dwelling therein .....	2,532
(b)		Number of new cases of overcrowding reported during the year .....	251
(c)	(i)	Number of cases of overcrowding relieved during the year .....	276
	(ii)	Number of persons concerned in such cases .....	984
(d)		Particulars of any cases in which dwelling houses have become overcrowded after Local Authority have taken steps for the abatement of overcrowding .....	Nil

(\*does not include families in Multiple occupation).

### CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There has been, during the past decade, a marked decrease in the number of caravans parked on various sites throughout the city, and also an improvement in the type of caravan. A few years ago a variety of structures, such as old bus and other motor vehicle bodies, not specifically designed for living purposes, were being used as such. These are now non-existent, and all caravans in the city are of the purpose-made type. On two of the licensed sites the site owners are enforcing removal of the older type and the dilapidated caravans, and insisting that all caravans be above a specified minimum length.

When the Caravan Sites and Control of Development Act, 1960, came into force, there were within the city twenty-nine licensed and unlicensed private sites accommodating 440 caravans, and one Corporation-owned site accommodating 190 caravans, making a total of 630 caravans on the thirty sites.

The Corporation-owned site has been the subject of discussion by the appropriate Committee of the City Council, with a view to bringing it into conformity with the Model Standards relating to caravan sites. A detailed scheme for improvements has been prepared. There were at the close of the year 110 caravans on the site.

Action by the Planning and Redevelopment Committee of the City Council has resulted in a number of the small unlicensed private sites being cleared or “run down”. The closing of sites has created difficulties, in that the Council has no alternative sites or housing accommodation to offer the displaced caravan residents, and all licensed sites are full, hence the slow progress made and the necessity for the slow “run down” of the sites.

Under the Act seven sites have been licensed, although in one case the site owner chose to close the site rather than comply with the conditions imposed in relation to the only caravan permitted by

the licence. In a second case, also concerning a single caravan, the conditions of the licence have not been complied with, and it is expected that the occupier will shortly be offered housing accommodation ; the site owner will then have the caravan removed. The remaining five licensed sites are occupied by 214 caravans.

In addition to the above-mentioned licensed sites and Corporation-owned site, there are six sites, accommodating thirteen caravans, occupied by members of the Showmen's Guild, three sites, accommodating four caravans, which have received short term planning permission since the Act came into force, and eight other sites, accommodating 131 caravans.

The total number of sites of all kinds in the city on the 31st December was twenty-four, and there were 477 caravans occupying them. During the year 136 inspections of caravans and 140 inspections of caravan sites were made, and one of the licences in force was issued during this period in respect of a site accommodating one caravan.



## CLEAN AIR ACT 1956

### INSTALLATION AND PRIOR APPROVAL OF FURNACES

During the year under review, 28 notifications of intention to instal furnaces were received in accordance with Section 3 of the Act. Prior approval was required in 21 instances. A point that requires emphasis in prior approval procedure is the amount of negotiation between applicant and local authority officers before final approval.

The primary aim of officers is to ensure inclusion in the proposed installation of the correct composite parts which are associated with smokelessness and/or rapid diagnosis of combustion troubles likely to cause air pollution. Air pollution in the industrial sense can best be cured or improved by discussion between industrialists and local authority officers, and the initial application is the starting-point for much hard bargaining. Unlike many aspects of public health legislation, Section 3 of the Clean Air Act, 1956, provides a "talking-point", from which negotiations there emerges a final specification with all the qualities of best practicable means of smokelessness.

The modern trend in fuel usage and chimney height requirement, is strikingly illustrated in a breakdown of the details of the 21 prior approval applications dealt with during the year 1963 :—

<i>Type of Premises</i>	<i>Fuel</i>	<i>Chimney Height (Feet)</i>
Department Store		
Offices	Gas	30
School	Coal	45
Retail Store	Gas	34
Electrical Factory	Oil	90
School	Oil	30
Social Club	Oil	30
Licensed Premises	Oil	30
Fertiliser Manufacturer	Coal	80
Engineering Factory	Oil	55
Central Offices	Oil	60
Bowling Alley	Oil	32
Launderette	Gas	30
Offices	Coal	36
Engineering Factory	Oil	85
Mineral Water Manufacturer	Oil	30
Bakery	Oil	30
Church	Oil	30
School	Oil	30
Bakery	Oil	30
Social Club	Oil	30
Engineering Factory	Oil	30

### Control of Chimney Height

Section 10 of the Clean Air Act, 1956, gives power to the local authority to reject any plan, where it is proposed to erect a chimney, if they are not satisfied that the height of the chimney will be sufficient to prevent smoke, grit, or gases from becoming a nuisance or prejudicial to health, having regard to :—

1. the purpose of the chimney,
2. the position and description of adjacent buildings,
3. the levels of the neighbouring ground, and
4. any other matters requiring consideration in the circumstances.

Whilst allied to prior approval procedure, the control of chimney height is a separate consideration and one where, between the passing of the Act and the year under review, local authorities have had to formulate their own standards in the absence of Ministry guidance on the subject.

Although Section 10 of the Act deals with "smoke, grit or gases" it is most frequently linked with the control of ground-level concentrations of the principal gaseous waste product of combustion, viz. sulphur dioxide, the reason for this being that a high chimney is not, in itself, a panacea for possible smoke and grit troubles which, in any case, should be minimized on the boiler-house floor and not at the chimney top. On the other hand, the present state of technical knowledge is such that the control of ground-level concentrations of sulphur dioxide is only conveniently possible by prescribing adequate heights of chimneys. The Clean Air Act, 1956, was criticised for paying insufficient attention to invisible pollutants such as sulphur dioxide, but since then the importance has been stressed of adequate dispersion of chimney emissions, so that the sulphur dioxide reaches the ground so diluted that it is unlikely to prejudice health. Only by a chimney of suitable height can this safe dispersion of sulphur dioxide be brought about.

Undoubtedly a major event in 1963 in air pollution control was the publishing by the Ministry of Housing and Local Government of the "Memorandum on Chimney Heights" (Circular No. 25/63). Prior to 1963, each local authority had worked out its own salvation, and the differing standards adopted caused confusion. Since May, 1963, greater uniformity has been achieved and, within the scope of the formulae set out, the Memorandum has been invaluable. In effect, the Memorandum is a "ready-reckoner" method of calculating chimney height from the weight of sulphur dioxide emitted per hour from the fuel in question, but a warning is given that the method is to be regarded only as a guide to the final decision. The local authority has to exercise a measure of discretion in regard to particular factors such as topography of the area where the proposed chimney is to be erected, grading of the area into one of five categories of existing aerial pollution, the influence of the effects of the height and the greatest length of the building to which the chimney is to be attached, or of a building nearby.

It is interesting to note that the Memorandum is not applicable to all chimneys, and that there is a minimum height of 40 feet above ground-level for chimneys to plant within the range of sizes with which it does deal. Guidance would have been welcomed by local

authorities on the minimum height to be adopted for the smaller plants outside the scope of the Memorandum, which nowadays figure largely in prior approval applications. Coventry, which has played a pioneering part in the formulation of standards in this difficult subject, has adopted a minimum chimney height of 30 feet from ground-level for the plant sizes not covered by the Memorandum. Reference to the list of prior approved plant during the year with chimney heights of less than 40 feet indicates, at least in Coventry, the preponderance of these new, small, oil-fired installations.

Fortunately, in the industrial sphere, as the campaign for clean air develops, loopholes in legislation are being realised and rectified. Generally speaking, industry is highly co-operative with local government in matters relating to environmental hygiene, but odd examples of sharp practice within the law are encountered. One such case occurred in the south of the country where a factory owner submitted building plans showing that a gas-fired plant was to be installed with an appropriately low chimney, since gas has a low sulphur content. The plans were approved, and the building and the low chimney were erected, but the gas-fired plant did not materialise. Instead oil-fired equipment was substituted, using oil of a high sulphur content, which would have necessitated a chimney of double the height. Although a change of plant had occurred the Council had no power to require a higher stack. Another anomaly is that chimneys of offices, shops, and large blocks of flats are outside the scope of this section of the Clean Air Act, 1956, although such premises use industrial type heating plant.

It is hoped that local authorities will soon be allowed to complete the onerous task of "air-repair" without these and other distracting deficiencies of legislation.

### CLEAN AIR ACT, 1956 SMOKE CONTROL AREAS

The making of smoke control areas has as its principal aim the reduction of air pollution arising from the domestic firegrate burning raw coal. Many experts on air pollution now regard the domestic coal fire as the main offender, and the greatest cause of pollution in urban areas. Industry — previously a serious offender — has, over the past seven years, reduced its pollution load from an assessed 50 per cent to 20 per cent of total pollution. The domestic fire burning raw coal is, in most urban areas, believed to be responsible for 80 per cent of the filth and grime that we draw into our lungs as air — the air we need for living. Smoke control areas are the means of improving this life-giving air.

There are within the city four smoke control areas in operation. These cover approximately 2,790 acres, and embrace nearly 12,000 houses. One of these, the Coventry, Coundon (No. 4) Smoke Control Area, came into operation on the 1st September. This is so



far the largest area established, being 1,196 acres in extent, and having within it over 3,800 dwellings. Another area, the Coventry, Lime Tree Park (No. 5) Smoke Control Area, comes into operation on the 1st August, 1964. The Order for this received confirmation on the 14th August, 1963. It covers an area of 362 acres, and includes over 2,000 houses. A further Order, the Coventry, Westwood (No. 6) Smoke Control Order, 1963, was made by the Council in June, and later submitted to the Minister for confirmation. This Order covers an area of 872 acres, and contains over 2,000 houses. In addition to this, the survey of the proposed Coventry, Whoberley (No. 7) Smoke Control Area was commenced towards the end of the year.

The Order relating to the Lime Tree Park (No. 5) Smoke Control Order was the subject of a public enquiry held by the Minister on the 18th June. Objections were lodged against the confirmation of the Order by seventy-two residents in the form of a petition and two independent objectors. Only one objector, a coal merchant, put in an appearance.

The first stage of the ten-year programme is scheduled to be completed in 1964, and the proposed Whoberley (No. 7) Smoke Control Area will complete this stage. So far the revised ten-year programme is going according to schedule. It does appear that a further review of the programme will have to take place in the near future, and this will probably have the effect of extending the programme period.

During December the Minister of Housing and Local Government issued a Circular to Local Authorities which will greatly affect the establishment of smoke control areas throughout the country. This Circular, issued following a report in the form of a White Paper on the review by the Minister of Power of the supply and demand prospects for solid smokeless fuels for domestic use, emphasises that sufficient supplies of smokeless solid fuels are available for existing and future smoke control areas, but, as stated above, the availability of the types of fuels varies in different localities, and it is possible that, due to changes in the gas industry, the future production of gas coke may be affected.

The grant arrangements have been revised so that increased grants may be payable towards the type of improved appliances designed to burn the fuel available in any particular area. Such appliances as underfloor draught fires and openable stoves are more suitable than the ordinary type of approved appliance for burning hard coke, anthracite and some of the manufactured smokeless solid fuels. The installation of electrical appliances which give out heat as soon as switched on, such as electric bar fires, fan heaters, etc., is to be discouraged, and payment of grant towards the installation of these will probably disappear. Householders are to be encouraged, where they wish to use electricity for heating, to install thermal storage heaters using off-peak current. The use of a wider range of appliances makes better use of all types of smokeless fuel. Previously



everything depended upon gas coke, indeed, our costing system was based on it. The new provisions are more realistic, and householders will benefit.

In our last two smoke control areas there has been a very noticeable change in choice of appliances, the trend being from solid fuels to gas and electricity, with gas predominating. This has raised the cost of conversions, and consequently the cost to the City Council. The cost per house is now double that at the time the first smoke control area in the city was established. This may mean that the programme will have to be slowed down, but, as the Minister of Housing and Local Government has said that "It remains the Government's intention to encourage and facilitate vigorous action against urban smoke pollution," implementation of the Clean Air Act will have to proceed, with possibly some reshaping, and the matter will probably have to be reviewed by the Council.

### AIR POLLUTION MEASUREMENT

Measurement of impurity and sulphur dioxide in the atmosphere has continued during the year at several establishments in the city area with the invaluable assistance of the staffs and, in the case of schools, the senior pupils. Daily measurements of smoke and sulphur gases were made at :—

- (i) Council Offices, Earl Street (South Side)
- (ii) Coventry Technical College, Butts
- (iii) Lyng Hall School, Blackberry Lane (during part of year)
- (iv) Foxford School, Longford
- (v) Health Centre, Tile Hill
- (vi) Broad Heath School

Daily measurement of smoke only by an electrically-phased eight-port apparatus was commenced in September, 1963, at :—

- (vii) Jubilee Crescent, Radford, Branch Library

These measurement stations, and others making monthly estimations, are operated under the control of the Department on behalf of the Warwickshire Clean Air Council, of which Coventry is a leading member. At the first six stations a known quantity of air is drawn by electric pump through each assembly over a period of 24 hours. Suspended impurity in the atmosphere is deposited on a filter paper leaving a smoke stain which can be "read" by the scanner head of an electro-selenium cell and galvanometer in an assembly known as a reflectometer, and the reading of the density of the smoke stain transferred into terms of microgrammes of smoke per cubic metre of air. From the same instrument, by using a chemical titration procedure, the amount of sulphur dioxide in the air can also be estimated. At the seventh station only measurement of smoke and suspended matter is made, by an ingenious apparatus known as an "eight-port mechanism" whereby although separate daily estimations are made, only weekly attention is needed. Where circumstances are appropriate, it is hoped that the use of this instrument can be extended to other stations, thereby to some extent "automating" and reducing the daily duty imposed upon outside bodies and departments.

COLD WEATHER AND NO WIND  
INCREASES POLLUTION  
HIGH TEMPERATURE AND WINDS  
DECREASE POLLUTION

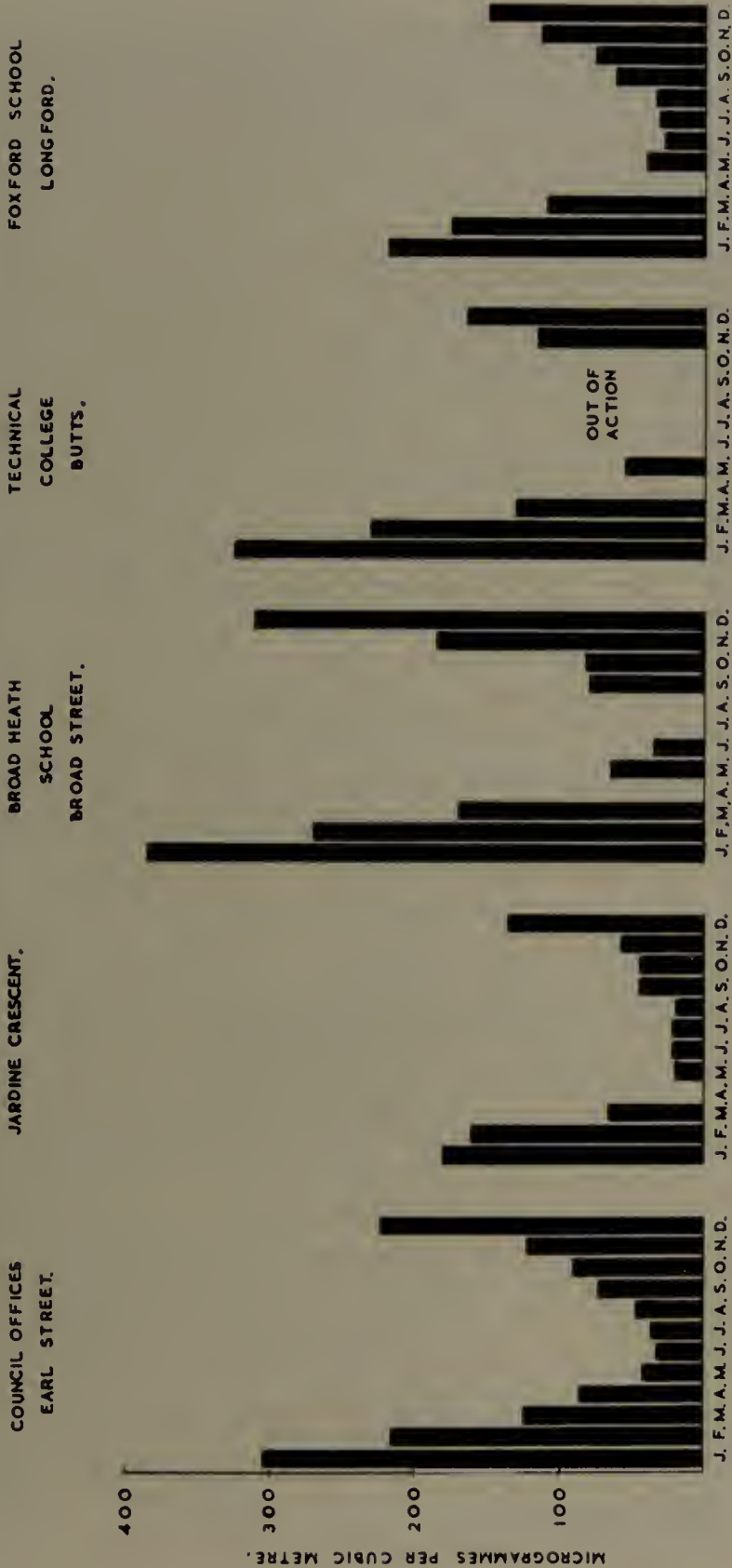
FIGURE 1. POLLUTION AND WEATHER  
The following chart is a summary of the data collected by the  
American Meteorological Society, showing the relationship between  
weather and pollution. The data is based on a study of the  
weather and pollution in the New York City area, and is  
presented in a simplified form for educational purposes.

THERE IS AN INCREASE IN POLLUTION  
WHEN THE WIND IS EASTERLY.  
THIS SUGGESTS THE RIVER STATION  
IS THE CAUSE

DECREASE IN POLLUTION AT THE  
WEEKENDS SUGGESTS THAT INDUSTRY  
IS PARTLY RESPONSIBLE



# AVERAGE MONTHLY SMOKE CONCENTRATIONS FOR 1963 BY DAILY SMOKE FILTER.



There is no doubt that continuous measurement of air pollution by standardised methods is the sole means by which the true extent of pollution can be determined in order to steer the application of combative measures. Moreover, intensive measurement, particularly at schools, has the effect of publicizing the clean air campaign where it is most needed, that is, in the minds of the junior citizens.

Measurement is also a means of checking on the Department's opinions and conclusions, and the effectiveness of its work in improving the condition of the air. It is the policy of the Department to produce periodically graphs of smoke concentrations occurring during certain climatic conditions, e.g. during persistent foggy periods. The purpose of this exercise is to demonstrate the reduction in smoke concentrations in smoke control areas as compared with areas not smoke-controlled, firstly at all times, and secondly during foggy weather. The results are most significant, as shown by the graph in Fig. 1 covering the period 9th to 25th January, 1963, when fog occurred during the 21st to 25th. The differential between the two "peaks" at that time amply demonstrates the "thickening-up" when smoke combines with naturally-occurring fog.

The measurement stations operating on a monthly basis are known as deposit gauge and/or lead peroxide stations at which estimations are made of deposited matter in terms of tons per square mile per month, and of sulphur dioxide "levels" in terms of milligrams sulphur gas ( $\text{SO}_3$ ) per 100 square centimetres per day.

The stations operated during 1963 were as follows :—

- Day Nursery, Edgwick
- † Precinct
- † Parkgate Road School
- † Wood End School
- Foleshill Cemetery
- Pridmore Road School
- Little Heath Primary School
- \* 169 Tallants Road
- \* 94 Eld Road
- \* Aldermans Green Social Club
- \* Elephant and Castle, Aldermans Green Road
- † 81, Windmill Hill, Allesley
- † Copsewood, Stoke
- Stoke Park Secondary School
- Memorial Park

\* deposit gauge only

† sulphur dioxide level only



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Figure 1

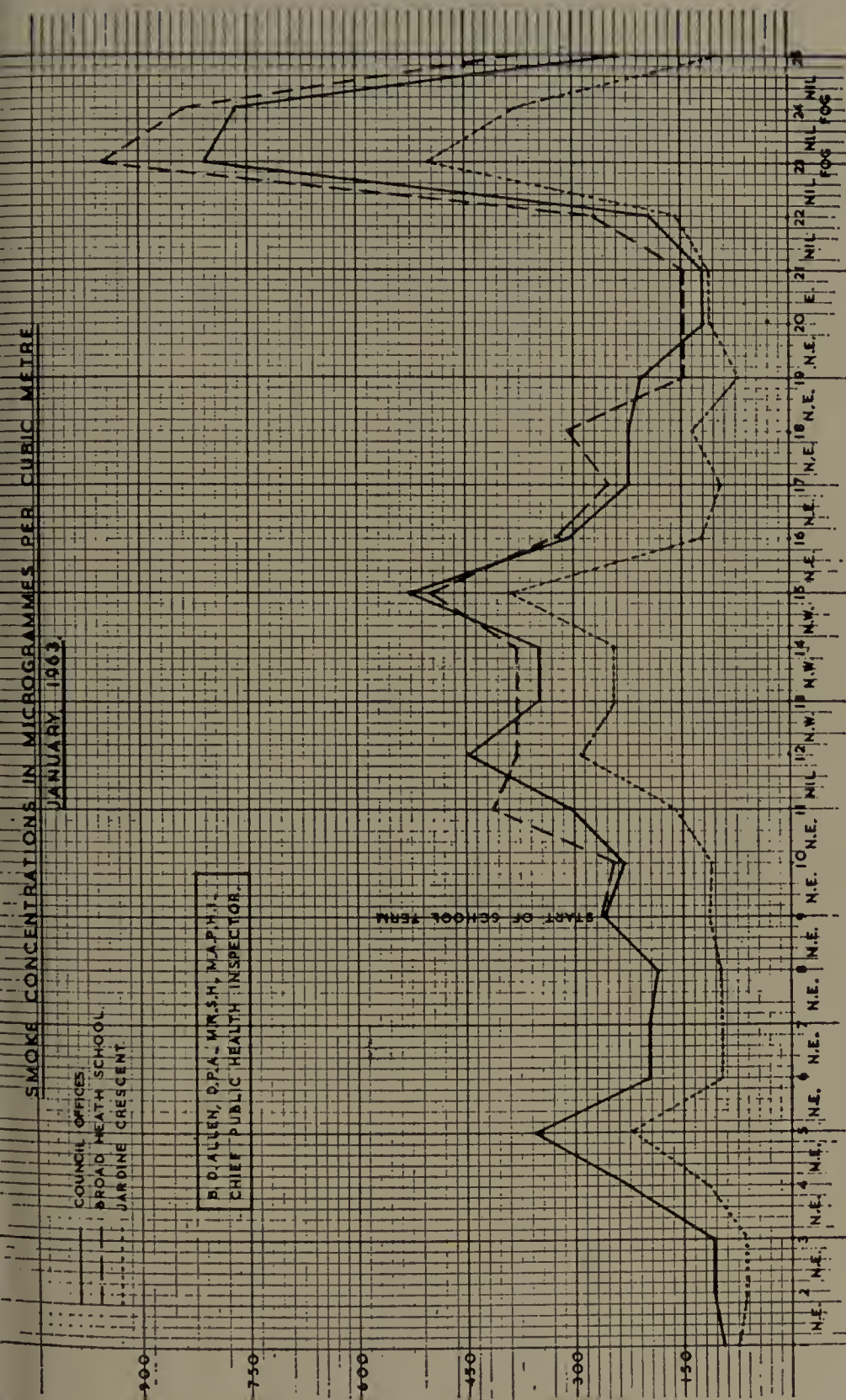


TABLE 1  
ESTIMATION OF ATMOSPHERIC POLLUTION BY STANDARD DEPOSIT GAUGE  
TOTAL SOLIDS DEPOSITED TONS PER SQUARE MILE  
1963

Station	J	F	M	A	M	J	J	A	S	O	N	D	Monthly Average		
													1961	1962	1963
Aldermans Green	—	—	—	—	—	—	—	—	41.46	39.26	15.75	10.98	Nil	Nil	26.79
Eld Road	—	12.82	33.89	23.32	7.99	11.61	21.51	14.90	9.13	6.61	22.99	1.88	Nil	Nil	15.09
Elephant and Castle	—	—	—	—	—	—	—	—	7.64	6.50	28.78	21.55	Nil	Nil	16.12
Tallants Road	—	6.35	29.10	23.09	19.02	22.95	10.14	15.64	11.44	18.25	16.55	20.20	Nil	Nil	17.52
Edgwick	9.66	12.49	30.84	11.83	—	—	—	17.74	8.73	8.56	11.28	11.56	15.91	13.16	13.10
Little Heath	17.88	16.29	48.49	40.81	20.47	36.14	8.94	17.05	9.97	19.44	18.98	5.50	54.84	49.91	21.66
Pridmore	10.56	13.98	38.75	33.62	36.07	30.27	14.87	19.08	14.84	45.94	23.38	12.95	30.93	18.38	24.52
Foleshill	6.28	4.93	—	12.82	10.47	12.31	6.37	6.20	7.92	15.50	10.20	6.51	15.64	14.44	8.41
Stoke Park	6.44	7.14	10.51	—	6.00	8.94	5.26	13.07	6.50	11.17	7.93	6.27	6.94	8.00	8.11
Memorial Park	4.87	2.89	10.20	7.58	—	—	—	15.82	—	—	8.28	6.39	8.10	8.11	8.00

TABLE 2  
ESTIMATION OF ATMOSPHERIC POLLUTION BY LEAD PEROXIDE INSTRUMENTS  
ABSORPTION OF SO<sub>2</sub> EXPRESSED AS MILLIGRAMS SO<sub>2</sub> PER 100 sq. cm. OF LEAD PEROXIDE PER DAY  
1963

Station	J	F	M	A	M	J	J	A	S	O	N	D	Monthly Average	
													1962	1963
Precinct .....	3.97	3.96	1.89	1.18	—	0.73	0.68	0.66	1.08	1.3	2.08	2.89	1.86	1.60
Edgwick .....	3.94	3.38	2.28	1.75	2.05	1.13	0.65	2.24	1.09	1.4	2.33	2.86	1.80	1.99
Copeswood .....	2.61	2.30	1.47	1.62	0.96	0.50	0.43	0.48	0.71	0.81	1.24	1.82	1.41	1.24
Stoke Park .....	3.70	3.61	1.87	1.09	1.20	0.64	0.48	0.81	0.92	0.95	1.76	2.77	1.69	2.15
Wood End .....	2.76	2.72	1.62	1.11	1.06	0.65	0.42	0.84	1.08	1.4	2.52	2.21	1.73	1.53
Foleshill .....	2.84	2.93	2.35	1.59	1.98	0.87	0.77	1.23	1.29	1.6	2.35	2.85	2.03	1.88
Memorial Park .....	4.18	3.52	1.32	1.09	0.75	0.46	0.38	0.35	0.63	0.84	1.19	1.76	1.33	1.38
Parkgate .....	3.85	3.91	1.95	1.03	0.85	0.48	0.42	0.54	0.75	1.3	1.87	2.70	1.32	1.60
Pridmore .....	4.27	4.31	2.07	1.66	1.18	1.14	0.59	0.92	1.24	1.3	2.25	3.19	1.76	2.00
Little Heath .....	3.97	3.06	1.24	1.74	1.44	1.91	0.33	0.89	0.82	1.7	1.73	2.94	1.76	1.91
Windmill Hill .....	—	—	—	—	—	—	—	—	0.28	0.32	—	—	—	0.30

The total solid matter deposited per month in tons per square mile during 1963 at these stations is set out in Table 1. The absorption of sulphur dioxide expressed as milligrammes of  $\text{SO}_3$  per 100 square centimetres of lead peroxide per day as measured at these stations during 1963 is set out in Table 2.

### **Warwickshire Clean Air Council**

“ An exercise in co-operation ” is a phrase aptly describing the association of twenty local authorities in Warwickshire for the purposes of acting as an advisory body in all matters relating to air-pollution, undertaking mass-measurement within the county, and ensuring uniformity of action under the Clean Air Act, 1956. Coventry is the largest member authority and many of the Association's functions and services stem therefrom.

Approximately 160 units of measuring equipment are in operation in the county, and the supply of such equipment, maintenance, and replacement, apart from analytical services of the City Analyst, are administered by the Coventry Public Health Inspectors' Department.

Other activities include the preparation and distribution of publicity material, negotiations with national bodies and undertakings on behalf of member-authorities, and public relations.

### **National Coal Board Housewarming Centre**

During the year services to the citizens have been extended by the National Coal Board by the establishment in Hales Street of a Housewarming Centre which greatly assists in the choosing of the correct heating appliance and fuel in the cause of smoke control. Although primarily intended as a showroom and service centre, its work tends to supplement the work of the Department in making available to householders affected by smoke control, information, advice on selecting, and the chance to view replacement appliances required by the local authority under the Clean Air Act, 1956. At the same time it provides, in an appropriate setting, a “ shop window ” for the public health aspects of the air-pollution problem, and information relating to local authority grants.

A display panel, prepared by the Department, and dealing with these aspects, is permanently exhibited by kind permission of the National Coal Board.



## GRIT AND DUST

Sixteen complaints were received in 1963 concerning the discharge of grit and dust into the air, as compared with fifty-six recorded the previous year. All the complaints were in respect of serious nuisances and included industrial premises where works of improvement to reduce grit and dust had not been completed by December 1962.

Complaints which related to premises governed by the Alkali Works Inspectorate were referred to the Inspector concerned.

Close contact throughout the year was maintained with the National Industrial Fuel Efficiency Service, and a representative was invited to visit a number of industrial undertakings in the City as a consequence of recommendations made by the Public Health Inspectors' Department. In one instance the management of a dairy was persuaded to change to the use of solid smokeless fuel in the boilerhouse, and in so doing eliminated a gross nuisance in a residential part of the City.

A residential area in the northern part of the City received deposits of grit from the adjoining Power Station, operated by the Central Electricity Generating Board. The residents of the area submitted a petition to the Department, and representations by the Health Committee to the Central Electricity Generating Board and the District Alkali Inspector were made. As a consequence an undertaking was given that new grit arrestment equipment would be installed at the Power Station. Each of the six boilers in daily use is provided with two cyclone grit arresters. By October the cyclones on two of the boilers had been renewed, and subsequent tests carried out showed a substantial reduction of grit in the flue gases to the chimney, to the satisfaction of the residents of the area.

The provision of new cyclone equipment to the remaining four boilers for the prevention of grit emission was in progress at the year's end.

The snow falls of January, February, and March, experienced during the worst weather since statistics had been kept, proved of indirect value to the Department. Residents in the vicinity of Edgwick Park, and in particular the staff of the nearby Day Nursery and the Park, witnessed a daily phenomenon of pure white snow followed by black snow, and then with a fresh snowstorm the colour would revert once more to white. This was no freak of nature but the result of fly ash being discharged in some quantity from a nearby industrial undertaking firing pulverised fuel. Photographs and specimens, followed by a personal visit to the Park of representatives of the Management, together with the Chief Public Health Inspector, convinced them of their responsibility. In the holiday period in the middle of the year alterations were commenced to the grit arrestment gear and this was finally completed before the end of the year.



The benefit to the residents in this area by way of reduction of grit has not yet been properly assessed. However, it is interesting to note that the deposit gauge at Little Heath showed a reduction over the twelve months of the year of 50% of the total amount of solids deposited in tons per square mile per month. This may, to some extent, be due to an adjoining industrial undertaking which has replaced eighteen Lancashire boilers, formerly on solid fuel, by four oil-fired water tube boilers.

Seven years has always been a period of time with great significance to man. The Clean Air Act was passed seven years ago and the enforcement of the Act by the Public Health Inspector's Department has been carried out with some considerable vigour, and great progress has been made in the reduction of grit and dust in the City. The figures, as shown in the tables on Pages 37 and 38 is evidence of this. An examination of the period from 1961 to 1963 in each area where a Deposit Gauge has been sited shows a significant drop in the total weight of solids deposited. In some cases the reduction may be as much as 50%. This is particularly so in the Old Church Road, Little Heath, and Tallants Road areas. This is amply supported by a survey recently carried out by the National Society for Clean Air which circulated a questionnaire to 1,714 Local Authorities, enquiring how the present estimated emissions of smoke, grit and dust from industries in their district compared with those in 1956. Replies showed that smoke emission is one half-that of 1956, and grit and dust emission is three-fifths of the original level.

The principal reasons for the observed changes indicate that the major factors were :—

- (a) Modernization of plant and techniques
- (b) Change from solid fuel to oil.

In the City all the industrial undertakings have been occupied in modernising their plant, and improving their technique in order to reduce the amount of smoke, grit and dust being thrown into the atmosphere. A large section of industry has changed to oil. The Department is of the opinion that the expression "external influences" can sum up the real reasons for the reduction in pollution. These may be summarised as the Clean Air Act, public opinion, publicity, pressure, supervision and enforcement by the Local Authority and Alkali Inspectorate ; and awareness of fuel efficiency and its relation to smoke prevention.

## NOISE ABATEMENT

The Noise Abatement Act requires the best practicable means to be used to abate nuisance, and in determining practicability, regard must be paid to cost.



Because of the force of personal prejudice, the Department relies on the use of noise level measuring meters, which at least give a factual assessment of noise energy, uncluttered with emotional bias. They also provide the Inspectors with "noise memories", for noise levels can be related one to the other in measured units, and if necessary in different frequencies. Revisits are possible after a lapse of time, and accurate comparisons are still possible. The efficacy of noise insulation and absorption can be checked accurately.

Without the use of a meter, Inspectors would be required to retain a mental assessment of the original sound levels, and be expected to approve or disapprove works done upon this unreliable basis. The characteristics of sound memory produces interesting effects among sufferers from noise nuisance. Satisfaction is frequently and readily expressed at the relief gained from the reduction of a noise level, but sometimes complaints are renewed with the comment that the noise has again become worse. Meter readings show no increase to justify this.

The Criterion for Industrial Noise, compiled by the Department of Scientific and Industrial Research, Building Research Station, has proved of great use to the Department in the investigation of large scale noise nuisance. By the means of this criterion, some calculation can be made of the amount of silencing which it will be necessary to achieve if complaints are to be met, for it is based upon large scale investigation of public response to noise nuisance.

During the year work continued on a recurring source of complaint, (extending back to 1945) that of the noise produced from a local factory in the testing of jet engines after manufacture and prior to delivery. Noise levels of startling intensity have been produced from time to time, the highest recorded being 82 dBA at a point twelve feet from the nearest dwelling. This is a level at which normal speech became unintelligible, and conversation in the gardens of these houses had to be conducted in loud yells. This happened following the breakdown of silencers to the test beds, including the cracking of the brick built chambers themselves. Extensive noise surveys were made, both by Inspectorial staff and by engineers of a Mobile Noise Laboratory. After consultations it was agreed that noise levels were to be reduced to 65 dBA during the day, 60 dBA after 6.00 p.m., and no night testing was to take place.



These figures were computed by reference to the suggested Criterion for Industrial Noise, compiled by the Department of Scientific and Industrial Research.

The first reaction of the firm's acoustic engineers was that this level was impracticable on the grounds of the heavy cost of such silencing, but the firm agreed to consult a specialist acoustic engineering firm, who were prepared to construct silencers and guarantee the recommended noise levels after installation. The work was accordingly put in hand at a cost of many thousands of pounds and on completion, after construction work lasting four months, the required levels were achieved. In the meantime other beds began to give trouble, and again the comparative quiet of the rest of the factory only served to accentuate the nuisance from the new source. The fact that nuisance resulted so soon after other test beds had been silenced induced the Health Committee to ask representatives of the firm to appear before them to present the firm's views, and to give such assurances with regard to compliance with the Noise Abatement Act that might avoid legal action being taken.

The firm presented a complete scheme for the silencing of all test beds to the Criterion level, and in the case of the latest offending test beds to reduce the noise to such a level that the neighbouring householders would be unaware of their presence. A joint statement was issued to the local press, and a time of four months suggested for the completion of the work, the company being allowed to continue testing during this period to avoid the closure of the factory section engaged on the manufacture of these particular jet engines.

Technical difficulties proved more stubborn than anticipated, and it was eight months before a solution was finally reached. The claim of the installing acoustic engineers was substantiated, and the noise level of these jet exhausts is now so low as to produce only 51 dBA at the nearest houses — a level which makes the noise only just perceptible within the houses. The silencers were constructed as double skins of steel ducting, with noise absorbent material between, the total length being 60 ft., and the diameter 9 ft., the whole enclosed within a brick built tower. It was also found necessary

to silence the air intakes to the engine test beds as the high velocity of incoming air was producing noise levels of an offensive frequency.

The total cost of this work during the year reached a figure of £16,000, which is a dramatic illustration of the effectiveness of the Act, and also of the co-operation and good neighbourliness of the firm.

Not the least happy result is that in the reconstruction of the test houses, opportunity was taken to improve the working conditions of the test engineers themselves, who were formerly exposed to such tremendous noise energy as to require ear muffs to prevent irreparable damage to the hearing. Insulation within the test houses is now such as to make conditions much more comfortable, and without danger to the operatives.

In this case it is anticipated that regular noise surveys will be required from time to time in order to check on the future performance of all silencing equipment, as there is always the possibility of deterioration of the components.

Another source of noise involving prolonged and complicated surveys by the Department was that of noise emanating from the factory of a local car firm. Complaints varied from the noise produced by extractor fans to that of a grinder used for the removal of rough edges from aluminium sumps.

Adjustments in the case of the extractor fans proved inadequate during the night hours, and a criterion level of 50 dBA fixed for this factory could not be achieved. Consequently the company replaced all the offending equipment with a new ventilating system, and a noise level of 40 dBA was achieved to the satisfaction of the complainants.

The noise from the grinder proved a matter of far greater complexity, the noise not only being of a high energy level, but also of an objectionable frequency. After considerable pressure, the management agreed to move the machine to a point further away from the complainants' houses, and this involved the complete re-arrangement of the production line. In spite of this, complaints were still received, and this time from other householders, who were now the victims of an "echo" effect from surrounding walls. The management then enclosed the machine in an absorbent clad metal structure on three sides, but again this was unsuccessful.

The investigating Inspector suggested that a properly computed sound proof bay was the only solution, and advised the management to contact a firm of acoustic engineers. This was done, and they confirmed that such a bay was the only solution, and that work to silence the machine at source was impracticable. The firm agreed to the work, and that the use of the machine after 10.00 p.m. should be discontinued pending the construction of the bay. On completion this proved a complete success, and produced a drop of 15 decibels in the noise arriving at the nearest houses.

It is significant that to date no firm has resisted the Department in its requirements for noise abatement, and all have met the Criterion levels satisfactorily. There is a real sympathy for the unfortunate sufferers from a noise nuisance, and this has always resulted in each firm carrying out work which is sometimes of great expense and inconvenience to their manufacturing arrangements.

A difficulty of noise abatement is the complexity of noise insulation, absorption and engineering techniques, and the abatement of a nuisance often takes a considerable time during which complainants frequently get more and more exasperated, since the remedy they would propose is easily achieved — “Turn it off!” — or words to that effect.

During the year 114 complaints of noise nuisance were received, some of which are still not finally resolved. These may be tabulated as follows :—

Garage operation	Car spraying
Engine testing	Home workshop
Car manufacturing	Engine repairs
Motor cycle testing	Concrete casting
Panel beating	Drop forging
Oil burner roar	Ventilation fans
Component presses	Steam discharge
Engineering factory noise	Battery charging by Internal
Exhaust fan roar	Combustion Engines
Building operation noise	

The investigation of these complaints required a great number of visits and observations during the year, many of which entailed visits to the factories at night, and in the early hours of the morning.

In no other field of work dealt with by the Department is the effect so readily and pleasurably seen as in the abatement of a noise nuisance. To be unable to sleep is a frightening experience which can lead to ill health, but to be unnecessarily prevented from sleeping can be a cruel torture as well, and it is upon this basis that the Department treats each complaint of noise from the public. No management has yet resisted an appeal upon this basis, and co-operation has been ready and complete in the cases investigated during the year.

## FOOD AND DRUGS

During the year, of 1,632 samples of food and drugs obtained, 1,485 were reported by the City Analyst as genuine and 146 as unsatisfactory, giving a percentage of 8.95 as unsatisfactory.

The system of sampling has again shown a high percentage of unsatisfactory samples. In regard to milk samples, 89 of these were unsatisfactory. This increase over previous years was due chiefly to a fault in the processing plant at one dairy. Details of this are reported later. Apart from this incident the standard of milk sold in the City is on the whole above the legal permissive standard.

During the year an attempt was made to sample unusual products, and a number of continental and oriental foods were obtained. We have also attempted to increase the range of drugs taken, and evidence of this can be seen in the list which follows.

### Details of the Samples Collected are as follows :

Formal samples obtained	71
Informal samples obtained	1,561

### COMPARISON OF NUMBERS OF FOOD AND DRUG SAMPLES TAKEN

Food and Drugs Samples	1961	1962	1963
Total Number Taken	1612	1671	1632
Number Unsatisfactory	197	142	146
Percentage	12.2%	8.5%	8.95%

#### Food Samples

Formal	34	40	41
Informal	570	448	526

#### Drug Samples

Formal	3	—	1
Informal	155	121	105

#### Milk Samples

Satisfactory	850	1062	959
Unsatisfactory	50	59	89
Percentage	5.9%	5.55%	9.28%



## MILK

During the year 959 samples of milk were obtained, and of these 89 were found to be unsatisfactory. Details of the unsatisfactory samples are set out below, together with the action taken.

<i>Type of Milk</i>	<i>No. of Samples</i>	<i>Results of Analysis</i>
T.T. Pasteurised	7	4 deficiency of solids not fat 3 added water
Pasteurised	36	23 deficiency of solids not fat 3 deficiency of solids not fat and fat 5 deficiency of fat 5 added water
Pasteurised, School	17	14 deficiency of solids not fat 3 added water
T.T. Pasteurised Channel Island	4	4 added water
Sterilised	10	10 deficiency of solids not fat
Farm	15	8 deficiency of solids not fat 3 deficiency of solids not fat and fat 4 added water

Some 59 of the unsatisfactory samples were reported to be deficient of solids not fat but were all genuine by the Hortvet freezing point test. Again 6 samples were found to be deficient of solids not fat and fat, and 5 deficient of fat only ; these samples also gave genuine freezing point values. However, 8 of the latter samples were found to be unsatisfactory due to mastitis at one farm. The farmer in this case was seen and advised. After treatment of the cows by a veterinary surgeon the milk improved and was satisfactory.

The remaining 19 samples all contained added water, and details of these are set out below.

At a new processing dairy a sample of T.T. pasteurised milk was found to contain added water, and over a short period 11 other samples were also reported as containing water. After a complete investigation it was found that water was gaining access to the milk intermittently in the cooling section of the pasteurising plant. Engineers were called in, and after pressure tests were carried out a pin hole was discovered in one of the plates of the cooling section. A new plate was fitted, after which samples were taken and found to be satisfactory.

These facts were reported to the Health Committee, who decided that no further action was necessary.

Three samples of farm milk were found to contain small amounts of added water. These samples were taken during the very cold weather early last year, and it was thought that a small amount of water had frozen in each churn after rinsing. Repeat samples were taken and found to be satisfactory.

Two bottles of pasteurised milk taken from another dairy were found to contain a small amount of added water. This milk was bulk tanker milk from a depot in Leicestershire. The tanker milk was tested on delivery and found to be of poor quality but genuine. The depot manager was informed of these facts and the quality of the milk improved afterwards.

A further bottle of pasteurised milk also contained added water. This was bottled outside the city boundary and the Public Health Inspector for the district concerned was notified.

The remaining sample was reported to be of poor quality, and was suspected of containing added water, the freezing point being  $-0.531^{\circ}\text{C}$ . This was bulk farm milk, and repeat samples were taken. These were found to be satisfactory.

## FOOD AND DRUGS SAMPLES STATISTICS

### TOTAL NUMBER OF SAMPLES 1,632

Total number of samples found to be unsatisfactory	146
Percentage found to be unsatisfactory	8.95%

#### Milk Samples — Total 959

Percentage found to be adulterated	1.98%
Percentage found to be deficient of solids not fat or fat	7.3%

#### Samples of Food Excluding Milk — Total 567

Percentage of samples found to have unsatisfactory labels	2.29%
Percentage of samples found to be adulterated	5.82%
Percentage of samples found to be unsatisfactory by reason of rancidity, moulds, contamination, etc.	1.06%

#### Samples of Drugs — Total 106

Percentage of samples found to have unsatisfactory labels	9.43%
Percentage of samples found to be adulterated	2.84%
Percentage of samples found to be unsatisfactory due to age, etc.	1.89%

Articles of Food	No. of samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
Arrowroot .. ..	—	1	1	—	—
Almonds, Ground ..	—	4	4	—	—
Baby Foods .. ..	—	12	11	—	1
Baking Powder .. ..	—	2	2	—	—
Batter Mix .. ..	—	1	1	—	—
Beans, Baked .. ..	1	4	5	—	—
Beetroot, Pickled ..	—	1	1	—	—
Beverages .. ..	6	28	32	1	1
Bread Mix .. ..	—	1	1	—	—
Butter .. ..	—	9	9	—	—
Cake Covering, Chocolate	—	2	1	—	1
Cake Decoration (Glace Angelica) ..	—	2	2	—	—
Cake, Pudding & Sponge Mixes .. ..	—	10	10	—	—
Cereals .. ..	—	8	8	—	—
Cheese .. ..	3	8	6	2	3
Cheese Flaps .. ..	—	1	1	—	—
Cheese Spread .. ..	—	4	4	—	—
Chipples (Potato Sticks)	—	1	1	—	—
Chocolate, Block ..	—	4	4	—	—
Chocolate Coins ..	—	2	2	—	—
Cooking Fat .. ..	—	2	2	—	—
Coconut, Desiccated ..	—	1	1	—	—
Confectionery .. ..	—	6	5	—	1
Cornflour, Chocolate	—	1	1	—	—
Cream, Fresh .. ..	—	7	7	—	—
Cream, Tinned .. ..	—	12	12	—	—
Curry Powder .. ..	—	2	2	—	—
Drinks, Soft .. ..	—	3	3	—	—
Essence, Rum-flavoured	—	1	1	—	—
Fish Cakes .. ..	—	3	3	—	—
Fish Fingers .. ..	2	3	1	1	3
Fish, Tinned .. ..	—	13	13	—	—
Flavouring Essences ..	—	13	13	—	—
Flour, Plain .. ..	—	7	6	—	1
Flour, Self Raising ..	—	4	4	—	—
Food Colouring .. ..	—	2	2	—	—
Food Dressing .. ..	—	3	3	—	—
Fruit, Dried .. ..	—	22	21	—	1
Fruit, Tinned .. ..	—	27	24	—	3
Gravy Browning .. ..	—	1	1	—	—
Herbs .. ..	—	10	10	—	—
Ice Cream .. ..	—	5	5	—	—
Ice Cream Powder .. ..	—	1	1	—	—
Icing Mix .. ..	—	1	1	—	—
Jellies, Table .. ..	—	10	10	—	—
Marzipan .. ..	—	4	4	—	—
Meat Products, Tinned	1	34	30	1	4
Meat Spreads .. ..	—	4	3	—	1
Milk .. ..	—	9	8	—	1
Mincemeat .. ..	—	6	6	—	—
Mustard .. ..	—	3	3	—	—
Mustard Oil .. ..	—	2	2	—	—
Oil, Linseed .. ..	—	1	1	—	—
Oil, Olive .. ..	—	1	1	—	—
Pearl Barley .. ..	—	2	2	—	—
Peas, Processed .. ..	—	1	1	—	—
Pepper, White .. ..	—	5	5	—	—
Pickles .. ..	—	22	18	—	4
Pie Fillings .. ..	—	5	4	—	1
Potato Salad .. ..	—	1	1	—	—
Preserves .. ..	—	42	35	—	7
Puddings, Canned ..	1	16	14	1	2
Pumpnickel and Rye Slices .. ..	—	2	2	—	—
	14	425	398	6	35

## SAMPLES OF FOOD (contd.)

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
b/f	14	425	398	6	35
Ravioli .. ..	—	2	2	—	—
Rice, Packet .. ..	—	3	3	—	—
Rice, Savoury .. ..	—	1	1	—	—
Sago .. ..	—	2	2	—	—
Salad Dressing .. ..	—	6	3	—	3
Sandwich Spread .. ..	—	1	—	—	1
Sauces .. ..	—	19	19	—	—
Sausages, Pork .. ..	—	8	5	—	3
Sausages, Beef .. ..	—	6	6	—	—
Seasoning .. ..	—	1	1	—	—
Soup .. ..	—	14	14	—	—
Spirits .. ..	23	—	23	—	—
Stock Cubes .. ..	—	2	2	—	—
Suet .. ..	1	5	4	1	1
Sugar .. ..	—	5	5	—	—
Syrup, Strawberry, Maple, Ice Lolly .. ..	—	3	3	—	—
Tapioca .. ..	—	2	2	—	—
Tortillas .. ..	—	1	1	—	—
Vegetables, Canned .. ..	—	2	2	—	—
Vinegar, Malt .. ..	—	3	3	—	—
Walnuts, Pickled .. ..	—	2	2	—	—
Wine .. ..	3	10	11	—	2
Yeast Extract .. ..	—	3	3	—	—
Total	41	526	515	7	45



## SAMPLES OF DRUGS

Article	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
Analgesic Tablets ..	—	4	3	—	1
Analgesic Tablets Childrens .. ..	—	3	2	—	1
Antacid Tablets ..	—	4	4	—	—
Antidol .. ..	—	1	1	—	—
Antiseptic Lotion ..	—	1	1	—	—
Aspergum .. ..	—	1	1	—	—
Baby Cream .. ..	—	1	—	—	1
Cold and Cough Tablets	1	27	22	1	5
Cold Powders .. ..	—	1	1	—	—
Cod Liver Oil .. ..	—	1	1	—	—
Cough Mixtures ..	—	3	3	—	—
Cream, Zinc & Castor Oil	—	1	—	—	1
Depilatory Cream ..	—	1	—	—	1
Epanutin .. ..	—	1	1	—	—
Essence of Rennet ..	—	1	1	—	—
Glucose .. ..	—	5	5	—	—
Halibut Liver Oil Capsules	—	1	1	—	—
Indigestion Tablets ..	—	1	1	—	—
Iron Tonic Tablets ..	—	1	1	—	—
Laxatives .. ..	—	5	3	—	2
Mycardol .. ..	—	1	1	—	—
Mysoline .. ..	—	1	1	—	—
Oil, Olive .. ..	—	1	1	—	—
Oil, Castor .. ..	—	1	1	1	—
Priscol .. ..	—	1	1	—	—
Quinine .. ..	—	1	1	—	—
Rose Hip Syrup .. ..	—	1	1	—	—
Slimming Aids .. ..	—	5	5	—	—
Stimulant Tablets ..	—	1	1	—	—
Sweetener for Slimmers	—	2	1	—	1
Vitamin Extract .. ..	—	1	1	—	—
Vitamin Tablets .. ..	—	21	21	—	—
Yeast Tablets .. ..	—	4	3	—	1
Totals	1	105	91	1	14

**TABLE SHOWING DETAILS OF SAMPLES OF FOOD OTHER THAN MILK WHICH WERE REPORTED TO BE UNSATISFACTORY**

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Baby Foods— Farleys Rusks (1)	The Analyst reported an excess of calcium and a deficiency of iron compared with the amount stated on the label.	The manufacturers were notified and they asked for the coding of the batch concerned in order that they could investigate at their factory. They expressed regret and promised to take steps to avoid any repetition of this in the future.
Beverages — Orange Drink (1)	An informal sample of orange drink was labelled "sweetened with sugar." The Analyst also found saccharine to be present.	The manufacturers were notified and they stated that the product as labelled was for wholesale trade only and not for retail. In view of this explanation no action was considered necessary.
Cake Covering, Chocolate (1)	The Analyst reported that the fat present in this sample was not cocoa butter but hardened vegetable oil.	It was intended to obtain a formal sample but when the vendor's premises were visited the product on sale was new stock, and the label had been altered to comply with the Food and Drugs Act. No further action was considered necessary.
Cheese (Creamery) (1)	An informal sample of this cheese was found to be deficient of 17·8% fat.	A formal sample was obtained, and this was found to be genuine.
Cheese (Cottage) (2)	Two samples of cottage, cheese, one informal and one formal, were reported to contain excess moisture.	The manufacturers were notified and asked to amend the label by the addition of the words "partly skimmed milk."
Cheese (Farmhouse) (2)	Two samples, an informal and a formal, of this cheese were found to be deficient of fat.	The manufacturers were informed and were asked to re-name the cheese, and call it "medium fat soft cheese." The firm replied that they regretted the sample was not up to the standard required, and that they would carry out the recommendation.
Confectionery (Rock) (1)	The Analyst reported that the rock had a bitter taste which appeared to be due to excess aniseed oil, this having become degraded due to age. This was a complaint from a housewife who had purchased the rock in Blackpool.	The Analyst's report and other information was sent to the Public Health Inspector in Blackpool for any action he considered necessary.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Fish Fingers (3)	One formal and two informal samples were obtained. The Analyst reported that all three were deficient in fish content.	The Health Committee decided, after considering the case, that discussions should take place with representatives of the firm concerned. The representatives stated that the fish fingers when manufactured contained above 75% wet fish. After considerable discussion and a visit to the factory to check methods of quality control, no further action was considered necessary.
Fish Sticks (2)	An informal sample of fish sticks was found to be deficient of fish.	A formal sample was obtained, and this was found to be satisfactory.
Flour, Plain (1)	This sample was reported to be deficient of creta, containing 224 mgm. per hundred grams instead of 235 mgm.	As this deficiency was so small, no official action was taken.
Fruit, Dried (Apricots) (1)	The Analyst reported that this sample was contaminated with wood particles, human hair and paper.	The remainder of the apricots were surrendered and destroyed.
Fruit, Tinned Strawberries (3)	The label on this product claimed two nett weights 13½ ounces and 15½ ounces.	This was referred to the Chief Inspector of Weights and Measures.
Strawberries & Raspberries	The Analyst reported that both these samples contained an admissible synthetic dye which was not declared on the label.	The manufacturers were informed of the Analyst's comments and agreed to alter the labels.
Meat Products, Tinned : Baconburgers with Beans (2)	The Analyst reported that in his opinion this product was deficient of meat content. A formal and informal sample were each found to contain 42% meat.	As there is no legal standard for this product no official action was taken.
Minced Beef with Onion & Jelly (1)	The Analyst reported that this product contained 47.3% meat, and in his opinion the meat content should be 75%.	The Canned Meat Report of the Food Standards Committee states that canned meat with vegetables shall have a meat content of not less than 35%. This product could be said to fall within this category, and in view of this no further action was taken.
Beef Casserole Steak with Gravy & Beauburgers (2)	The Analyst reported that each of these samples was deficient of 15% and 20% of meat content as recommended by the Food Standards Committee.	Formal samples are to be obtained in each case.  Note : These samples were taken at the year end.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Meat Spread (Liver Sausage Paste) (1)	This informal sample was found to be compositionally satisfactory, but apart from the words "Liver Sausage Paste" the label was set forth in German.	The manufacturers were notified that this contravened the Labelling of Food Order, and they were asked to amend the label accordingly.
Milk (1)	This sample was a complaint received from a housewife who stated that the milk had a queer taste and odour. The Analyst reported that a plastic stopper had been used to seal the bottle by the housewife. The stopper was contaminated with an abundance of yeast cells, which would probably account for the queer odour and taste.	The housewife was notified of the Analyst's findings.
Pickles (4)	Three informal samples of pickles were reported by the Analyst to contain benzoic acid, in contravention of the Preservatives in Food Regulations.	These pickles were manufactured in India, and the importers were notified of the Analyst's comments. They replied that they would inform the Indian manufacturers, and ask them to observe the requirements of the Preservatives in Food Regulations. The remainder of the stock was withdrawn from sale.
Mango Chutney	The Analyst reported that the sample had a lead content in excess of 2 ppm as recommended by the Food Standards Committee on Lead.	A letter was sent to the manufacturers informing them of the Analyst's comments.
Pie Filling, Blackberry & Apple (1)	This informal sample was found to contain four times more apple than blackberry.	The manufacturers were notified. They replied that they were concerned about the specification of their product and were discussing the matter with particular regard to the description. Pending the outcome of this discussion the product was withdrawn from sale, and they promised that it would not be reintroduced until the label was satisfactory.
Preserves : (7) Canned Apple Preserve (1)	The Analyst reported that this can when opened contained two fly larvae, but was otherwise genuine.	No action was taken.



<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Preserve : (7) (continued)	Six informal samples of preserves were examined by the Analyst and the labels claimed full fruit standard.	A letter was sent to the manufacturers informing them that as The Food Standards Preserves Order 1953 abolished the distinction between fresh fruit and full fruit standard, reference to the full fruit standard should be removed from future labels. A reply was received that they would amend their labels accordingly.
Puddings, Canned : Creamed Rice (3)	One formal and two informal samples of creamed rice pudding were reported by the analyst to contain added water.	The manufacturers of this product were prosecuted and fined £25 for a contravention of Section 6 of the Food and Drugs Act, 1955.
Salad Dressing: Shrimp Salad (2) Crab Salad (1)	The Analyst reported that each sample contained benzoic acid at a level of 550 ppm.	The wholesaler in question was notified and he contacted the importers and returned the whole of the consignment. These products were manufactured in Sweden. Apparently the preservative is permitted in that country and was added by mistake to the consignment for Britain.
Sandwich Spread (1)	The labelling and ingredient list of this informal sample were printed in Danish, thus contravening the Labelling of Food Order.	The distributors were notified. They replied that the sale of the product under this label was a mistake at the packing factory as normally it was sold with the label printed entirely in English. They submitted a label printed in English which complied with the Labelling of Food Order, and agreed to withdraw from sale any tins bearing Danish labels.
Sausages, Pork (3)	The Analyst reported that three informal samples contained less than 60 per cent. of meat.	Formal samples were obtained and these were found to be satisfactory.
Shredded Beef Suet (2)	One informal and one formal sample were found to be deficient of fat as required by the Food Standards (Suet) Order, 1952.	The manufacturers were notified. They were unable to explain the deficiency as their batch preparation is based on a formula of 85 per cent. fat and 15 per cent. flour. They expressed regret and promised to investigate any possible cause of this deficiency. No further action was considered necessary.

<i>Type of Food</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Wine (2)	The Analyst reported that two informal samples of sherry and ruby wine were compositionally satisfactory, but the cork stoppers and plastic covers were mould infected, with dead mites around the stoppers.	In the case of the ruby wine, the vendor was interviewed and the remainder of the stock was withdrawn from sale and returned to the bottlers for re-bottling. With regard to the sample of sherry, this was bottled on the premises, and the vendor was advised to examine all his stock and to re-bottle and cork where necessary.

**TABLE SHOWING DETAILS OF SAMPLES OF DRUGS WHICH WERE REPORTED TO BE UNSATISFACTORY**

<i>Type of Drug</i>	<i>Analyst's Report</i>	<i>Action Taken</i>
Analgesic Tablets (1)	The Analyst reported that the labelling contravened the Pharmacy and Medicines Act.	Details of this sample were sent to the Chief Inspector of Weights and Measures.
(Children's) (1)	In this informal sample the Analyst found free salicylic acid present in excess of the limits defined by the British Pharmacopoeia.	The vendor was interviewed, and the remainder of the stock, which was old, was withdrawn from sale and the manufacturers were notified.
Baby Cream (1)	The label on this product claimed the presence of "Castor", while in fact it should have read "Castor Oil."	The manufacturers were notified of this fact and agreed that if they continued to manufacture this product the label would be amended to include the word "oil."
Cold and Cough Tablets (6)	With regard to four of these samples, the labels contravened the Pharmacy and Medicines Act. A formal and an informal sample of throat and chest pastilles were found to be deficient of the declared chloroform content.	In each instance the matter was referred to the Chief Inspector of Weights and Measures. The vendor was interviewed after the formal sample had been taken. He stated that the stock was old and he had no further supplies. In view of this no further action was taken.
Cream, Zinc and Castor Oil (1)	The zinc oxide in this sample was found to be unevenly distributed and was present to the extent of 10.2%, which was in excess of the B.P. limits.	The manufacturers were notified and they explained that this excess may have been due to faulty preparation. They would take steps to prevent a recurrence.
Laxatives (2) Pills	The label of this product contravened the Pharmacy and Medicines Act.	This was reported to the Chief Inspector of Weights & Measures.
Teething Powders	The Analyst reported that out of 18 powders submitted for examination, 9 differed in weight variation from the mean by more than 7.5%.	This matter was referred to the Chief Inspector of Weights & Measures.
Sweetener for Slimmers (Sucron) (1)	The Analyst reported that this sample was basically sucrose containing 0.9% by analysis of saccharine. He suggested that the claim "for slimmers" might be misleading in view of the 99.1% sucrose present.	Further samples to be taken of this product.
Yeast Tablets (1)	The labelling of this product was found to contravene the Pharmacy and Medicines Act.	This matter was reported to the Chief Inspector of Weights and Measures.

## MEAT INSPECTION

The amount of slaughtering at the abattoir fell considerably, and showed in the weekly figures throughout the year rather than as a seasonal decline. Sheep showed the most serious drop, 13,277 fewer being killed.

The real reasons for this state of affairs are difficult to assess. Certainly some private butchers left because of increased slaughtering charges, and some because no inspection charges were levied at another slaughterhouse outside the city. Exports of lambs to France kept prices higher than usual at some markets. Frozen meat firms have opened their own abattoirs and send home-killed meat into the city. Expansion of the poultry trade must also have affected the demand for other meats.

Without the necessary statistical data it can only be presumed that all these reasons have had some effect, and that a re-distribution of the trade is taking place.

A full meat inspection service was maintained throughout the year, and every animal was examined post mortem. On the 1st October the Meat Inspection Regulations came into force, so that a re-assessment of staffing was necessary. These regulations make inspection to legal standards and stamping of carcasses compulsory, and more calls had to be made on relief inspectors in order to cope with the increased work.

It has become obvious that meat inspection is not only concerned with the fitness of meat for human consumption, but with animal health too, and that efficient meat inspection is of great help in connection with the elimination of infectious diseases in animals. Incidentally the regulations have made the job much more demanding. Last year comment was made on the difficulties of administering the Hygiene Regulations in a large abattoir working on the gang system, and with a wholesale market adjoining. The same difficulties apply to inspection and marking at innumerable points throughout the abattoir.

The following details were recorded :

### **Classified summary of inspections carried out by Meat Inspectors.**

Ante and post mortem examinations of animals						
slaughtered	.....	.....	.....	.....	.....	132,674
Post mortem examination of animals dead on arrival						
or in lairs	.....	.....	.....	.....	.....	28
Re-inspections of home-killed meat	.....	.....	.....	.....	.....	43
Detailed inspections of imported meats	.....	.....	.....	.....	.....	23
Inspections of canned meats	.....	.....	.....	.....	.....	47
Inspections of other meats.....	.....	.....	.....	.....	.....	7
Inspections under the Public Health Acts	.....	.....	.....	.....	.....	204

### **Unsound Food**

The total weight of meat and offals condemned at the abattoir and wholesale market was :—

74 tons, 1 cwt., 3 qrs., 13 lbs.



# SUMMARY OF INSPECTIONS OF SLAUGHTERED ANIMALS

## COVENTRY PUBLIC ABATTOIR 1963

### Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
No. killed .. .. .	13,444	6,173	1,853	64,766	46,438
No. inspected . . . .	13,444	6,173	1,853	64,766	46,438
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcases condemned	4	9	27	85	86
Carcases of which some part or organ was condemned ..	3,046	1,578	30	4,177	7,494
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	22.7%	25.7%	3.07%	6.58%	16.3%
<i>Tuberculosis only</i>					
Whole carcases condemned . .	2	1	—	—	2
Carcases of which some part or organ was condemned ..	19	3	—	—	643
Percentage of the number inspected affected with tuberculosis .. .. .	0.15%	0.06%	—	—	1.38%
<i>Cysticercus Bovis</i>					
Carcases affected with viable or multiple cysts and submitted to treatment by refrigeration .. .. .	55	—	—	—	—

## Diseases (other than Tuberculosis and Cysticerci)

## Affecting Whole Carcases

Disease — Condition	Cattle exclu- ding Cows	Cows	Calves	Sheep	Pigs	Total
Decomposition .. ..	—	—	—	—	1	1
Emaciation .. ..	—	2	—	19	5	26
Extensive injuries .. ..	—	—	1	1	2	4
Fever .. ..	—	—	2	2	2	6
Immaturity .. ..	—	—	2	—	—	2
Jaundice .. ..	—	1	2	—	2	5
Joint ill .. ..	—	—	3	—	—	3
Leukaemia .. ..	—	—	—	2	2	4
Tumours .. ..	1	—	—	1	1	3
Malodour .. ..	—	—	—	—	1	1
Moribund .. ..	—	—	1	7	3	11
Oedema .. ..	1	3	6	19	—	29
Osteomyelitis .. ..	—	—	—	—	1	1
Pyæmia .. ..	—	—	—	5	19	24
Septicaemia						
(a) Septic arthritis .. ..	—	—	2	—	17	19
(b) Septic enteritis .. ..	—	—	6	—	3	9
(c) Septic mastitis .. ..	—	3	—	9	—	12
(d) Septic metritis .. ..	—	—	—	5	1	6
(e) Septic pericarditis .. ..	—	—	—	—	—	—
(f) Septic peritonitis .. ..	1	—	—	—	7	8
(g) Septic pleurisy .. ..	—	—	—	3	7	10
(h) Septic pneumonia .. ..	1	—	1	9	2	13
Swine Erysipelas .. ..	—	—	—	—	2	2
Swine Fever .. ..	—	—	—	—	5	5
Toxaemia .. ..	—	—	—	2	—	2
Sarcocysts, generalised .. ..	—	—	—	—	1	1
Uraemia .. ..	—	—	1	1	2	4
	4	9	27	85	86	211
Swine Fever contacts destroyed at abattoir .....	—	—	—	—	24	—

**Diseases and Conditions (Other than Tuberculosis) Affecting Parts or Organs encountered during Inspection of all Animals during the Year**

Disease—Condition	Cattle exclud- ing Cows	Cows	Calves	Sheep	Pigs	Total
Abscess .. .. .	825	220	6	104	158	1313
Actinomycosis-bacillosis ..	126	18	—	—	2	146
Adenitis .. .. .	7	6	—	—	—	13
Angiomata .. .. .	93	482	—	—	—	575
Arthritis .. .. .	1	—	—	7	105	113
Bacterial necrosis .. .. .	4	1	—	—	—	5
Cirrhosis-hepatitis .. .. .	4	5	2	—	2189	2200
Congestion .. .. .	41	20	5	20	245	331
Echinococcus cysts .. .. .	264	240	—	882	41	1427
Emphysema .. .. .	24	37	—	—	—	61
Endocarditis .. .. .	—	2	—	—	—	2
Enteritis .. .. .	12	14	10	—	25	61
Fascioliasis .. .. .	794	267	—	850	—	1911
Fat necrosis .. .. .	6	14	—	—	—	20
Fatty infiltration .. .. .	10	36	—	73	37	156
Fibrosis .. .. .	17	2	—	—	1	20
Fractures, injuries, etc. ..	48	13	1	13	49	124
Haemorrhage .. .. .	15	4	—	4	2	25
Johnes Disease .. .. .	9	17	—	—	—	26
Mastitis .. .. .	—	82	—	—	5	87
Miliary Necrosis .. .. .	2	1	3	1	1	8
Nephritis .. .. .	15	34	—	1	81	131
Oedema .. .. .	4	2	—	—	3	9
Parasites unclassified .. ..	84	36	—	1803	53	1976
Pericarditis .. .. .	130	24	2	55	1243	1454
Peritonitis .. .. .	198	117	1	39	546	901
Pigmentation .. .. .	27	21	—	5	2	55
Pleurisy .. .. .	461	95	2	135	1179	1872
Pneumonia .. .. .	62	22	13	649	3999	4745
Rash .. .. .	—	—	—	—	23	23
Ringworm .. .. .	—	—	—	—	13	13
Tumours .. .. .	—	2	—	3	1	6
Decomposition .. .. .	6	—	—	20	1	27
Food aspiration .. .. .	82	14	—	—	—	96
Blood aspiration .. .. .	8	8	—	—	—	16
Presternal calcification ..	3	5	—	—	—	8
Total	3382	1861	45	4664	10004	19956

## ANIMAL HEALTH

The meat trade in Coventry continued to deal in good quality animals throughout the year, although there was an increase in the number of cows killed. The number of whole carcasses rejected as unfit dropped by seventy-two, accounted for almost entirely by pigs and sheep. The introduction of The Swine Fever Order, 1963, resulted in compulsory slaughter of all contacts at the farms, and only seven pig carcasses were rejected at the abattoir because of fevered conditions, as against forty-eight in 1962. Only nineteen sheep were rejected for emaciation, as against forty-four in the previous year.

### **Fascioliasis**

Some 37,690 lbs. of liver were condemned for fluke infestation. Certain figures kept for whole livers and part livers trimmed gave an estimated 30 per cent of bovine animals affected. It is reasonable to assume that the presence of this parasite is largely accepted, due to the fact that it has practically no ill effect on the live cattle. Serious losses in sheep, however, have occurred.

### **Echinococcus cysts**

The incidence of this cyst in the organs of cattle and sheep remained the same as last year.

### **Lung infections**

The number of cases of pleurisy, pneumonia and pericarditis in all animals showed an increase from 7,138 cases in 1962 to 8,071 cases this year.

### **Cysticercus Bovis**

The incidence of this parasitic infection is no doubt causing concern to meat inspectors generally, due to the overwhelming number of animals with single calcified or necrotic lesions which may or may not be parasitic in origin, or which may be the remains of a parasitic infection.

All cases with viable cysts or multiple lesions were placed in cold storage for the requisite period.

All cases with a single necrotic or calcified lesion were re-examined and the carcasses cut into twenty joints. In the absence of any proof of *Cysticercus Bovis* infection or the finding of further lesions, these carcasses were passed.

### **Eradication of Tuberculosis**

The incidence of this disease in bovine animals was negligible, only twenty-five cattle being found to be affected. However, a considerable part of the meat inspectors' work is still directed to finding it. Ten cases were found in local cattle and were reported to the Ministry of Agriculture, Fisheries and Food for appropriate action.



	Advanced	Non Advanced	Total
Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950			
(a) With visible evidence .....	1	2	3
(b) No visible evidence .....			(2)
Irish cattle .....	2	10	12
Cattle from local markets .....	—	10	10

### Tail Biting in Pigs

It was decided to keep detailed records this year of the effect of tail biting in pigs. One light-hearted reason put forward was that pigs bite each others' tails for the want of something better to do. It looks as if psychiatry will have to delve into the behaviour of food animals.

Some 783 pigs (1.6% of kill) showed septic infection or necrosis of the tail, and some fifty-four of these showed further abscesses as detailed separately. To a large extent these abscesses were found in the pelvic cavity or in the neural canal. Degenerated and infected intervertebral discs were also found. In five cases the pigs were condemned due to multiple abscesses and evidence of systemic infection, but in all cases it was not known whether the infected tails were the primary lesions or were coincidental with another such lesion.

No. of pigs with infected tails ..... 783

No. of pigs with further abscesses ..... 54

#### Location of abscesses in addition to infected tail

Vertebrae Dorsal ..... 1

Sacral ..... 12

Lumbar ..... 16

Cervical ..... 1

Lumbar and ribs ..... 1

Lumbar and loin ..... 1

Dorsal and pelvic cavity ..... 2

Lumbar and peritoneum ..... 1

Pelvic cavity ..... 10

Sternum ..... 1

Ribs..... 1

Ribs and loin ..... 1

Supramammary lymph nodes ..... 1

Buttock ..... 1

Joints ..... 1

Supramammary nodes and joints ..... 1

Pelvic cavity and lungs ..... 1

Joints and ribs ..... 1

Such an investigation is obviously incomplete. Castration abscesses may be included, and examination of the vertebrae of all pigs killed would give a better picture.

#### **Diseases of Animals Acts.**

Some 28 animals arrived dead or were found dead in the lairages, and the usual precautions were taken.

The introduction of The Swine Fever Order, 1963, would appear to have been a success from the point of view of this abattoir. From May onwards no pigs were found with any symptoms of this disease, and no contacts had to be dealt with. In 1962 there were 893 contacts slaughtered at the abattoir.

#### **Wholesale Meat Market and Depots.**

Full co-operation with the various firms was maintained and frequent checks carried out to ensure that home-killed meat coming into the depots was inspected and marked. With the present trend more attention will have to be given to this part of the job, although to date no unmarked carcasses have been found.

The wholesale market was painted during the year and regular steam/water cleansing carried out, so that quite a good standard of cleanliness has been achieved here.

4,875 lbs. of meat and offals were rejected as unfit, the breakdown of this figure being as follows :

	Lbs.		Lbs.
Reinspections .....	2668	Bone taint .....	1277
Home-killed .....	549	Decomposition .....	2140
Imported .....	1032	Malodour .....	170
Canned meats .....	433	Store burn .....	272
Other meats .....	193	Abscesses .....	215
		Fibrosis .....	80
		Bruising .....	421
		Moulds .....	39
		Souring .....	48
		Blood splash .....	12
		Pigmentation .....	24
		Steatosis .....	3
		Septicaemia .....	174
	<hr/>		<hr/>
	4875		4875
	<hr/>		<hr/>

#### **Prevention of Cruelty Regulations**

Alterations necessary to comply with the above regulations are still being carried out, but it is hoped that next year will see their completion. Considerable opposition has been encountered at times, due to accepted practices originating in the food rationing era. Generally any innovation which either slows the work down or causes any more work is objected to, and this can be said of any legislation to prevent cruelty.

During the year, water was laid on to the pig lairs. A complete re-organisation of the sheep hall has been approved but not yet carried out, and new stunning equipment for pigs has been agreed but not yet fixed.

### **Slaughterhouses (Hygiene) Regulations**

Some improvement has been maintained in the general cleanliness of premises and equipment.

Alterations to provide or improve services have entailed considerable capital expenditure. Work has still to be completed to mechanize the removal of by-products and to provide better cleaning and sterilising equipment. Until these alterations are completed it cannot be said that the abattoir is equipped to function hygienically. The necessity for these alterations is not appreciated by many employees but progress is being maintained. There is little enthusiasm for change in this trade.

### **The Meat Inspection Regulations**

As stated elsewhere these regulations were introduced on 1st October and gave authorities permission to charge for inspection services. Although no charge was levied this year it was decided to do so from 1st January, 1964. These regulations have been strongly contested throughout the country on the grounds that meat inspection is a public health service, the costs of which should not be borne by one section of the community, namely, butchers. It was anticipated that by making the charge permissive there would be a movement of the trade to those areas where no charge is levied. This has happened in the city to a certain extent.

### **General**

Liaison with the Ministry of Agriculture, Fisheries and Food and the Public Health Laboratory was maintained throughout the year.

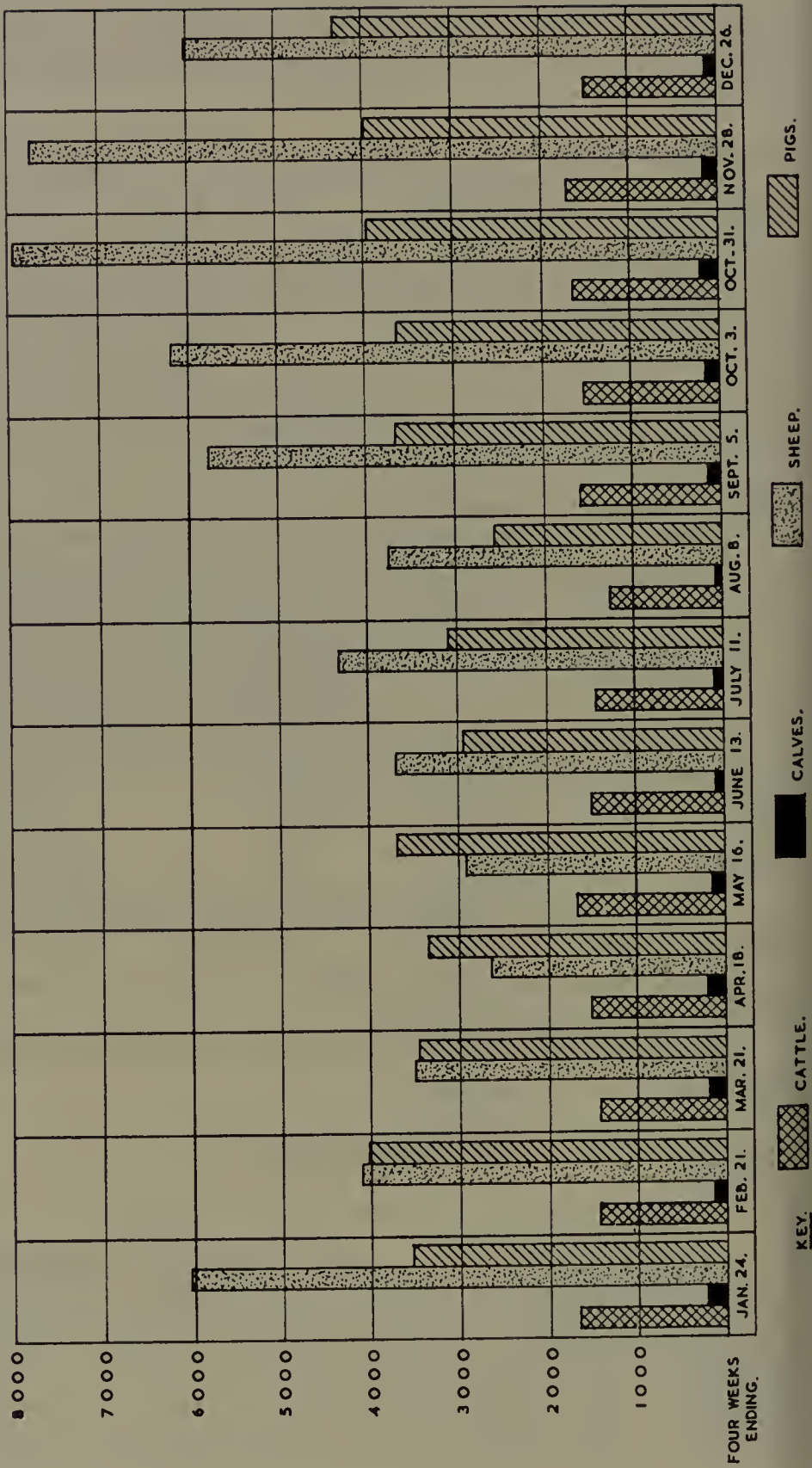
Animal specimens were provided on several occasions to schools and to the Training College.

The following pharmaceutical products were collected under supervision.

### **Pharmaceuticals (lbs.)**

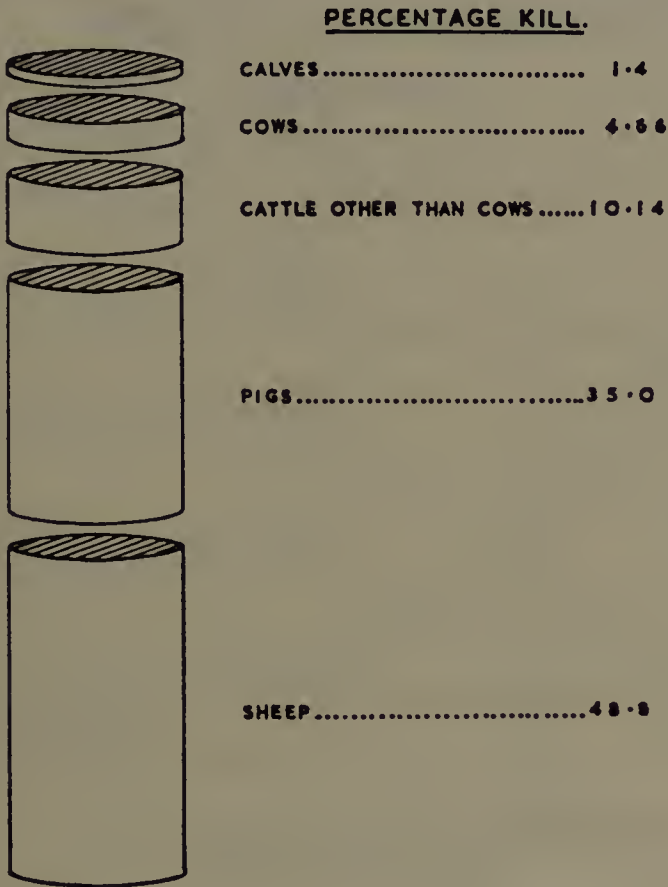
	<i>Liver—unfit for food but suitable for processing</i>	<i>Pancreas</i>	<i>Spinal Cords</i>	<i>Suprarenals</i>
Cattle	37,690	7,861		851
Calves		65		
Pigs		2,346		

# CHART ILLUSTRATING ANNUAL KILLING SPREAD-OVER FOR 1963.

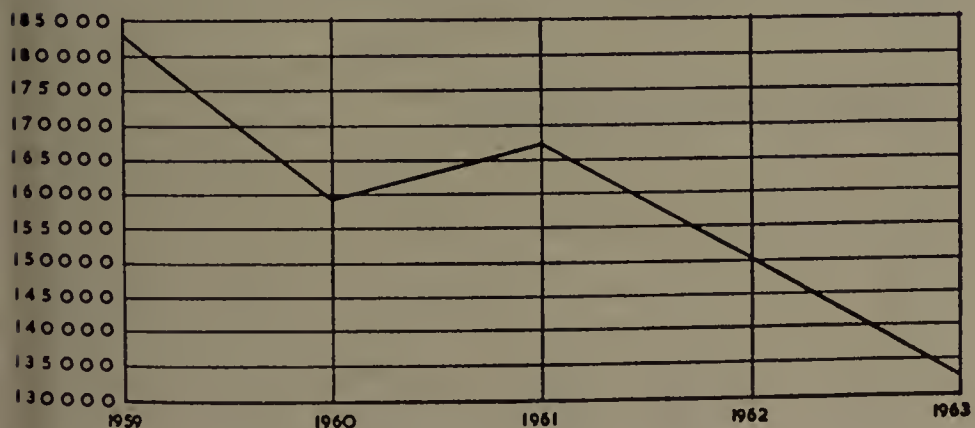




# DIAGRAM ILLUSTRATING PROPORTIONATE NUMBERS OF ANIMALS KILLED.

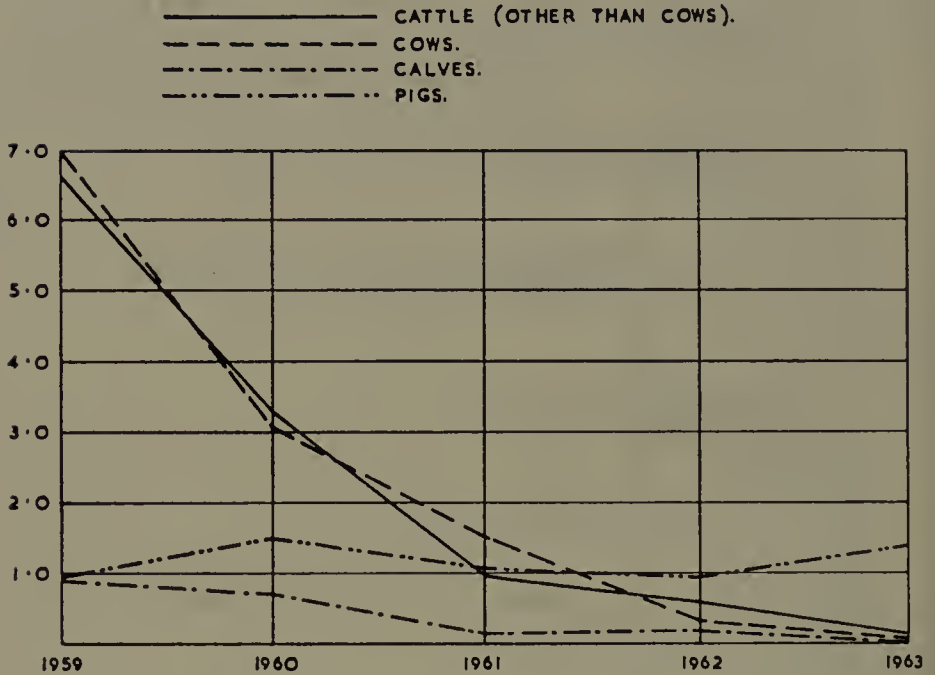


## GRAPH SHOWING THE NUMBER OF ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR DURING THE LAST FIVE YEARS.

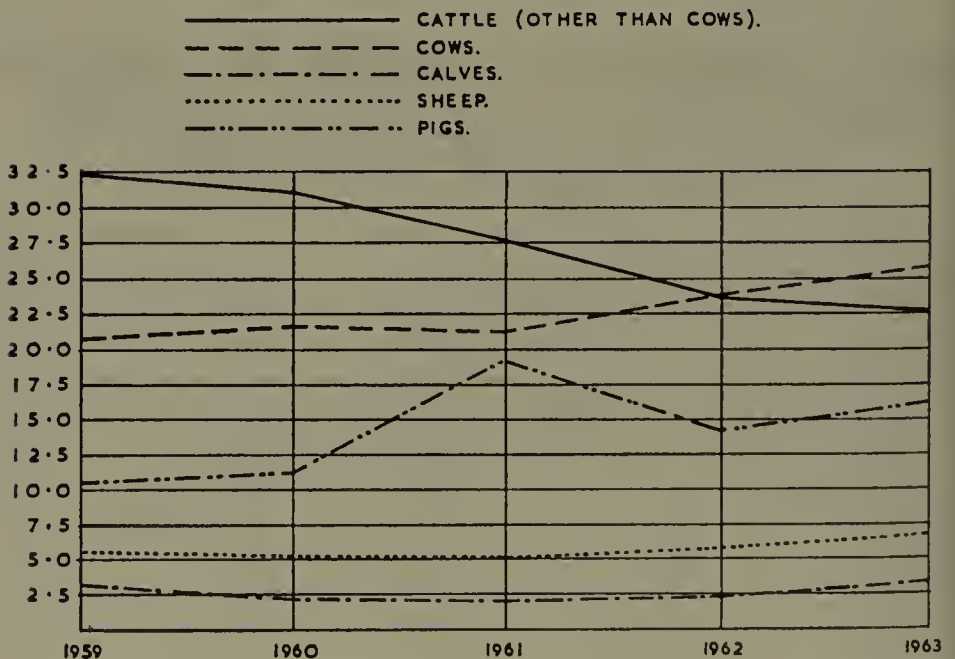


# GRAPHICAL REPRESENTATION OF PERCENTAGE OF DISEASE INCIDENCE IN ANIMALS SLAUGHTERED.

## (A) TUBERCULOSIS.



## (B) DISEASES OTHER THAN TUBERCULOSIS AND CYSTICERCOSIS.



**LEGAL PROCEEDINGS TAKEN BY THE DEPARTMENT  
UNDER THE FOOD AND DRUGS ACT  
AND THE FOOD HYGIENE (GENERAL) REGULATIONS**

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Regulations 5, 14(1), 14(2), 14(5), 16(2), 17, 19, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Sanitary convenience not kept clean nor sufficiently lighted. Hot water was not provided to the wash-hand basin. Clean towels, nail brush and first-aid materials were not provided. Hot and cold water was not provided to the sink .....	Convicted	£35.0s.0d.	£5.10s.0d.
Section 2, Food and Drugs Act, 1955. Sample of brandy 38·5° under proof and equivalent to 87·8% of genuine brandy .....	Convicted	£10.0s.0d.	£5.5s.0d.
Section 8, Food and Drugs Act, 1955. Sale, and having in possession for purpose of sale, milk chocolate bars unfit for human consumption .....	Convicted	£10.0s.0d.	
Section 2, Food and Drugs Act, 1955. Sale of cream sponge roll containing a piece of wire .....	Convicted	£25.0s.0d.	£5.5s.0d.
Section 8, Food and Drugs Act, 1955. Sale of pork pie in a mouldy condition. ....	Convicted	£5.0s.0d.	£3.3s.0d.
Section 2, Food and Drugs Act, 1955. Sale of fish cake containing a screw .....	Convicted	£20.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale of chocolate cake in a mouldy condition .....	Convicted	£5.0s.0d.	£2.2s.0d.
Section 8, Food and Drugs Act, 1955. Sale of an iced cake in a mouldy condition .....	Convicted	£5.0s.0d.	£2.2s.0d.
Section 8, Food and Drugs Act, 1955. Sale of a sliced wrapped loaf in a mouldy condition .....	Convicted	£5.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of sponge cakes in a mouldy condition	Convicted	£20.0s.0d.	£3.2s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of pork pies in a mouldy condition .....	Convicted	£5.0s.0d.	
Exposure for sale of bacon unfit for human consumption .....	Convicted	£10.0s.0d.	£2.2s.0d.

<i>Offence</i>	<i>Result</i>	<i>Fine</i>	<i>Costs</i>
Section 8, Food and Drugs Act, 1955. Sale of pork pie in a mouldy condition .....	Convicted	£5.0s.0d.	£1.1s.0d.
Regulations 14, 16, 18, 23 and 24, Food Hygiene (General) Regulations, 1960. Sanitary convenience not in efficient order. Insufficient wash- hand basins with adequate hot and cold water. Insufficient locker accommodation. Dirty condition of the cafe floor and waste food allowed to accumulate in a food room .....	Convicted	£73.0s.0d.	£5.5s.0d.
Section 2, Food and Drugs Act, 1955. Sale of bagged, washed potatoes not of the quality demanded .....	Convicted	£20.0s.0d.	£5.5s.0d.
Section 8, Food and Drugs Act, 1955. Sale of a fruit pie in a mouldy con- dition. ....	Convicted	£2.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of sausage rolls in a mouldy condition .....	Convicted	£12.0s.0d.	£1.1s.0d.
Totals .....		£267.0s.0d.	£37.9s.0d.

### Legal Proceedings Under Other Statutes

Legal proceedings were also instituted in eight cases under the Public Health Act, 1936, involving the service of eight summonses for failure to comply with notices requiring repairs to be carried out to property. Nuisance Orders were made in respect of four summonses. In respect of summonses served in other instances, these were withdrawn, the work having been done before the cases were due to be heard by the Magistrates.

Costs amounting to £2 2s. 0d. were awarded in connection with one Nuisance Order.

### MILK

It is estimated that the quantity of milk processed daily in the city is approximately 39,630 gallons, and in addition to this 5,950 gallons of sterilised milk processed in other areas are distributed in the city daily. Of this, approximately 2,600 gallons are sent to Rugby each day. Coventry is in a specified area and all of the milk sold in the city must be designated milk.

In 1963 the Milk (Special Designation) Regulations, 1963, came into force, and these provide for two grades of heat treated milk and one grade of untreated milk. Any heat treated milk sold in the



future will be sold under the designation “ pasteurised ” or “ steri-  
lised ”, and tuberculin tested milk will be sold as untreated milk.  
These designations will come into force in 1964, but most dairies  
have already accepted the above designations, and in view of this  
fact the details of the milk sold in the city will be stated accordingly.

The 45,580 gallons of milk are made up as follows :—

	<i>Gallons</i>
Pasteurised milk .....	36,150
Channel Island Pasteurised milk .....	3,480
Sterilised milk .....	5,950

During the year a number of complaints were received con-  
cerning dirty milk bottles. In every instance the complaints were  
investigated, the dairies inspected, and the dairymen advised to  
take greater precautions.

Approximately 1,810 gallons of milk were supplied daily to the  
schools in the city, this being served to 43,500 children per day. In  
addition to this milk is also supplied daily to school kitchens.

The milk has been sampled and submitted for chemical and  
bacteriological examination regularly throughout the year, and the  
results have been consistently good. Details of these results are  
recorded later.

## PURVEYORS OF MILK

Number of retail purveyors selling milk within the City :—

	1962	1963
(a) residing in the City .....	64	56
(b) number of retail purveyors selling bottled milk only, from shop premises	468	492

During the year 1,107 inspections were made of dairies, milk-  
shops and milk vehicles.

At one dairy an additional A.P.V. (H.T.S.T.) milk processing  
plant was installed, and this plant homogenised and pasteurised the  
milk to be sold as “ homogenised pasteurised milk ”.

At another dairy a new hard wearing brick floor was laid, being  
an added improvement.

Three dairies in the City submitted plans for the building of  
new dairies and milk processing rooms, and these should be in  
general use during 1964.

A new milk depôt was opened towards the end of the year, to  
serve as an added amenity for the east side of the city.

During the year visits were made to cafés in the city and samples of milk were taken from milk dispenser units. Of the 99 samples taken and submitted to the methylene blue test, 69 of these were satisfactory, and 30 were reported to have failed the test. Seven churns of milk were subsequently tested, and of these 6 were satisfactory and 1 proved unsatisfactory. The milk from this unsatisfactory churn proved to be over 48 hours old, and was not kept under refrigerated conditions. Following these unsatisfactory samples revisits were made, the vendors were advised on the methods of sterilisation of the utensils, and follow-up samples became satisfactory.

At one café in the City samples from two milk dispensers were consistently unsatisfactory, even after the staff had been instructed in methods of sterilisation. Because of these results the Milk Marketing Board was called in, and agreed that the two dispensers in question were of an old type and could not be effectively sterilised. They immediately replaced the two machines with new ones, and further samples were found to be satisfactory.

Discussions also took place with officials of the Milk Marketing Board, and it was arranged that they would visit and examine all the milk dispensers in use in the city, and advise on methods of sterilisation.

Due to the City Analyst reporting a pasteurised milk from a dairy to be unsatisfactory, showing that the herd at the farm might be affected with an udder infection (i.e. mastitis), the farm was visited and the milk of each cow (14 in all) was sampled and submitted to the Public Health Laboratory to be examined bacteriologically.

Twelve of these samples were satisfactory, whilst two were affected with a mixed growth of organisms, including *Staphylococcus aureus* (a food poisoning organism). The two cows concerned were reported to the veterinary surgeons, and segregated from the herd and treated for mastitis. Subsequent follow-up milk samples of these cows proved to be satisfactory.

## DESIGNATED MILK

**The Milk and Dairies (General) Regulations, 1959**

**The Milk (Special Designation) Regulations, 1960**

**The Milk (Special Designation) Regulations, 1963**

Table setting out the number of licences in force at the end of 1963.

Pasteurised Milk, Pasteurisers' Licences	.....	.....	7
Pasteurised Milk, Dealers' Licences	.....	.....	404
Sterilised Milk, Dealers' Licences	.....	.....	468

The seven pasteurisers' licences include five licences to pasteurise milk by the High Temperature Short Time Process and two by the Holder Process.

One dairy was re-opened during the year and replaced Holder type equipment with a small A.P.V. (H.T.S.T.) plant.

All the milk sold in the City, with the exception of a small quantity of tuberculin tested milk, is either pasteurised or sterilised.

Samples of milk were obtained from all the processing dairies in the City, and samples were also taken of milk processed outside the City and retailed here. All samples were submitted to the City Analyst for examination, and the number of samples submitted and the results obtained are set out below.

TABLE SHOWING NUMBER OF SAMPLES AND RESULTS

<i>Designation</i>	<i>No. of Samples Obtained</i>	<i>No. Satisfactory</i>	<i>No. unsatisfactory</i>			
			<i>Total Unsatisfactory</i>	<i>By Methylene Blue Test</i>	<i>By Phosphatase Test</i>	<i>By Turbidity Test</i>
Pasteurised	267	263	4	4	—	—
Pasteurised Channel Island	152	151	1	—	1	—
Pasteurised School	170	168	2	1	1	—
T.T. Pasteurised	164	159	5	4	1	—
Sterilised	153	153	—	—	—	—
TOTAL	906	894	12	9	3	—

During 1963, 906 samples of designated milk were obtained, compared with 1,032 samples in 1962. The percentage of samples failing the prescribed test was 1.32 per cent. compared with 0.58 per cent in 1962.

In connection with the unsatisfactory samples, each dairy was visited and the plant and equipment inspected and checked. In each instance the dairymen were advised and further samples taken.

Forty-four samples were reported as void on the methylene blue test as the atmospheric shade temperatures were above 65°F. on the days the milk was sampled.

## FOOD AND DRUGS ACT, 1955

### Premises registered under Section 16 of the Act for the Manufacture, Storage or Sale of Food

This section prohibits the use of premises for the manufacture or sale of the under-mentioned foods, unless the premises are suitable for the purpose and are duly registered by the local authority.

- (a) The sale or manufacture of ice cream or the storage of ice cream intended for sale ; or
- (b) The preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale (the preparation of meat or fish by cooking is deemed to be the preservation thereof for this purpose).

Before registration is effected the premises must comply with the provisions of the Food Hygiene (General) Regulations, 1960, which lay down certain requirements relating to structural conditions, suitability and cleanliness, which must be observed in order to prevent contamination of the food produced or sold.

The number of premises registered under the Act is set out as follows :—

	1963
Number of premises on register, 1st January .....	1,306
Number of premises added to register during the year .....	42
Number of premises discontinued during the year .....	80
Number of premises on register, 31st December .....	1,268

### CLASSIFICATION OF PREMISES REGISTERED AT CLOSE OF YEAR

	1963
Premises registered for the manufacture of ice cream .....	14
Premises registered for the storage and sale of ice cream .....	249
Premises registered for the preparation or manu- facture of pressed, potted or preserved meat, and manufacture of sausages .....	219
Premises registered for cooking of fish .....	86



## ICE CREAM

Food and Drugs Act, 1955 (Section 16)

Ice Cream (Heat Treatment, etc.) Regulations, 1959

Ice Cream (Heat Treatment, etc.) (Amendment) Regulations, 1963

The number of premises registered for the manufacture, storage and sale of ice cream within the City at the close of the year is as follows :—

1963

No. of premises registered for manufacture and sale ..... 14

No. of premises registered for storage and sale only ..... 949

During the year inspections of premises and vehicles were made, and 168 samples of ice cream were submitted to the Public Health Laboratory for examination for bacteriological cleanliness in accordance with the Ministry's provisional grade. ,

The samples taken were graded as follows :—

Grade 1	101	}	satisfactory
Grade 2	28		
Grade 3	21		
Grade 4	18	}	unsatisfactory

These samples were taken from manufacturing premises within the city and from vans operating from them. Whenever unsatisfactory samples were received investigations were made at the premises concerned, and the plant, equipment and thermometers were checked. From these investigations it was apparent that the fault was in the method of sterilisation of the equipment adopted by salesmen in "soft serve" ice cream units. Where necessary these were instructed in the sterilisation of the equipment. Repeat samples were taken and found to be satisfactory.

In addition 5 samples were taken for chemical analysis and submitted to the City Analyst. These were found to be satisfactory.

**Table of Comparison of Ice Cream Samples Taken 1954-1963**

	No. of Samples	No. Satisfactory	No. Unsatisfactory	Percentage Unsatisfactory
1954	85	54	31	37%
1955	73	63	10	14%
1956	15	10	5	33.½%
1957	148	126	22	14.8%
1958	95	89	6	6.3%
1959	108	89	19	17.6%
1960	84	78	6	7.4%
1961	127	112	15	11.8%
1962	278	199	79	28.4%
1963	168	129	39	23.1%

## BACTERIOLOGICAL EXAMINATION OF FOOD

During the year 44 samples of food were submitted to the Public Health Laboratory in connection with cases of food poisoning and in respect of complaints from shops and canteens, also including routine samples from markets and abattoir.

Details of the samples submitted and the results obtained are set out below :—

Types of Food	No. Submitted	No. Satisfactory	No. Unsatisfactory
Carrots .....	1	1	—
Chinese Dried Egg Powder .....	1	1	—
“Choco-Delight” Biscuits .....	1	1	—
Cooked Turkey .....	1	1	—
Corned Beef .....	1	1	—
Cream (cartons of) .....	10	3	7 Failed the methylene blue test
Dates .....	1	1	—
Farm Eggs .....	1	1	—
Frozen Beef Steaklets .....	1	1	—
Frozen Broad Beans and Brussels Sprouts .....	1	1	—
Ham, Tinned .....	2	1	1 Numerous Bacilli & Streptococcus faecalis
Ham Sandwich .....	1	—	1 Staphylococcus aureus
Mallow Creams .....	1	1	—
Milk and Cream (Tinned) .....	10	10	—
Mussels .....	3	3	—
Pork Sausage .....	1	1	—
Salmon, Tinned .....	1	1	—
Trifle .....	1	1	—
<b>From the Abattoir</b>			
Beef Spleen, Glands and Liver .....	1	1	—
Beef Prescapular Glands & Connective Tissue.....	1	1	—
Pig's Tail .....	1	1	—
Pig's Dorsal Vertebrae .....	1	—	1 Staphylococcus aureus
Pig's Liver .....	1	—	1 Evidence of tuberculosis

As will be seen from the table, 11 samples were found to be unsatisfactory. Details respecting these samples are as follows.

The ten cartons of cream were submitted for examination in connection with complaints that two cartons were sour when purchased by householders. Seven cartons were found to be unsatisfactory and the vendors were notified and the cream was taken off sale. The suppliers were notified and new consignments when obtained were found to be satisfactory.

The sample of tinned ham was one of a consignment of imported hams. The remainder of the consignment was surrendered by the wholesaler and destroyed.

The ham sandwich, which was found to be contaminated with *Staphylococcus aureus*, was obtained after a case of food poisoning. The vendor of the ham was visited and the staff questioned about illness, but no member of the staff would admit to having been ill.

The samples submitted from the Abattoir were all sent to the Laboratory for identification of disease or abnormal conditions. The samples of beef and pig's tail gave negative results, but a sample of pig's dorsal vertebrae with abscesses was found to be affected with *Staphylococcus aureus*, and a sample of pig's liver was found to be affected with tuberculosis.

The three samples of mussels were all imported mussels from Ireland, and these were new suppliers to our market. The samples were found to be satisfactory.

## VISITS IN CONNECTION WITH FOOD INSPECTION

Warehouses .....	116
Institutions .....	11
Food Shops .....	523
Canteens and Kitchens .....	6
Abattoir .....	7
Markets .....	155
Other Premises .....	172
Food and Drugs Sampling .....	274
Milk Sampling .....	352
Food Vehicles .....	2

## Inspection of Food Premises

Confectioners .....	1337
Cafes and Restaurants .....	420
Dairies .....	472
Milk Shops (Personal Registration) .....	635
Hawkers .....	54
Cooked Meat Shops .....	845
Fish Friers' Premises .....	199
Ice Cream Shops.....	953
Butchers' Shops (Preserved Food) .....	319
Markets .....	160
Canteens and Kitchens .....	597
Schools .....	221
Other Shops .....	2079
Food Vehicles .....	120
Butchers' Shops (Non-Registered) .....	296
Greengrocers .....	860
Bakehouses .....	141
Ice Cream Manufacturers .....	30
Cooked Meat Manufacturers .....	89
Warehouses .....	9

## Other Visits

Food Poisoning .....	525
Food Poisoning Revisits .....	90
Visits to Rivers and Watercourses .....	695
Visits re Water Sampling .....	427
Miscellaneous .....	1213

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Total 14404

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Number of contraventions under Food Hygiene  
(General) Regulations, 1960 ..... 1842



## Details of Work Carried Out Under the Food Hygiene (General) Regulations, 1960

### Number of Food Premises :—

Cleansed and redecorated .....	590
Structural repairs carried out .....	149
Lockers provided .....	31
Sinks provided .....	35
Wash hand basins provided .....	225
Hot water provided .....	309
Refrigeration provided .....	Nil
Screening of open food provided .....	76
Tables and counters covered with an impervious material.....	108
Floors repaired and renewed .....	119
Accumulations of refuse removed and bins provided .....	69
New first aid kit .....	97
New dustbins provided .....	21
Miscellaneous .....	310
Total	2,139

## INSPECTIONS CARRIED OUT AT MARKETS, SHOPS AND STALLS

During the year 9,836 inspections were made of markets, shops and stalls, etc., where food is prepared, stored or exposed for sale, and 1,618 additional visits were made for the purpose of examining food to ascertain its fitness or otherwise for human consumption. In the cases where food was found to be unfit, it was surrendered by the owner, and a surrender certificate issued. The surrendered foods were destroyed, except where they had some value as animal feeding stuffs, or disposed of on Corporation tips.

The quantities of food surrendered as unfit during the year are set out below :—

### Total Weight of Food surrendered

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat .....	2	1	1	27
Fish .....	1	5	3	6
Fresh Fruit and Vegetables .....	29	10	0	26
Poultry .....	—	5	3	10
Other Foods .....	1	7	2	4½
TOTAL.....	34	10	3	17½

### CANNED FOODS

Meat .....	2,879
Fruit and Vegetables .....	14,319
Others .....	2,858

### BAKEHOUSES

The table below shows the number of bakehouses in the City on 31st December, 1963, and the number of inspections carried out during the year.

Contraventions of the Food Hygiene (General) Regulations, 1960, were observed at 7 bakehouses. Notices were served and at the end of the year 2 were still outstanding.

Number on register, January, 1963 .....	24
Number closed during the year .....	1
Number of changes of occupation .....	Nil
Number of new bakehouses opened during the year .....	1
Number on register, December, 1963 .....	24
Number of inspections carried out during 1963.....	141

### RIVERS AND STREAMS

During the year the condition of all rivers and streams in the City were frequently checked. Some 411 visits were made and 74 samples taken at various points on the streams. During the course of these inspections several minor sources of pollution were found, and these were dealt with in conjunction with the City Engineer's Department and the Severn River Board Inspector.

In addition to the minor sources of pollution, two serious pollutions occurred, one in the Springfield Brook and River Sherbourne, and the other in the Canley Brook in the Torrington Avenue area.

In the case of the River Sherbourne, pollution was due to the collapse of the old sewer in Swanswell Street during excavations for the laying of the new relief sewer. This sewage caused serious pollution of the whole length of the River Sherbourne within the City boundaries. Inspectors from this Department worked with the City Engineer's staff to safeguard the public while this pollution was continuing. Accessible points to the river were fenced off, and the river was kept under observation during the whole time the discharge continued. Samples were also taken to ascertain the effect of this pollution on the river.

The other serious pollution was investigated and found to be due to factory waste in the Torrington Avenue area. A defective drain bringing poisonous metal was found and repaired, and another drain from a car wash at a factory was diverted to the foul sewer.

The less serious pollutions were due to suds from factories, milk waste from a dairy, refuse deposited in ditches and in streams, and sewage from storm overflows of the foul sewers. These were dealt with when found, and were not usually of long duration.

The Swanswell Pool was kept under observation, and early in the year the level of the pool dropped considerably and a prolific growth of algae appeared. The level of the pool was raised by means of the Springfield Brook, and the Director of Parks arranged for aeration to be carried out, which resulted in a considerable improvement in the condition of the pool.

The Quinton Park Pool in Daventry Road was the subject of a complaint that the sticklebacks in the pool were diseased. The complainant wondered if the disease was transmissible to humans. Samples of the water and the fish were obtained, and it was found that the fish were suffering from parasitic protozoa, and this was unlikely to affect human beings. The complainant was notified that the disease was not transmissible to humans.

From a general point of view the condition of the rivers and streams in the City has been reasonably good. The credit for this continued improvement is due to the work of cleaning, straightening and widening of certain sections of the water courses by the City Engineer's Department, and by the efforts of the Public Health Inspectors' Department in preventing pollution.

## FOOD HYGIENE

During the year under review increasing attention has been paid to licensed premises, and a systematic inspection has been instigated of all such premises in the City. The owners of the premises have been very co-operative, and extensive alterations and improvements have been carried out. This work is still proceeding.

There has been a regular number of complaints throughout the year respecting foreign bodies in food. In connection with these complaints, food preparing premises have been visited and the persons concerned have been instructed to take care in the preparation of food. Stress has been laid upon the fact that carelessness on their part can be dangerous. In this connection I must mention a fatality which occurred in December due to a piece of glass swallowed by an elderly lady. It is thought that the piece of glass was in a meal which the lady ate when attending an old age pensioners' outing. This death illustrates clearly the danger which can arise due to foreign substances getting into food either by accident or neglect. Great care is necessary.

Another section of work which has received attention this year is connected with food and milk dispensers. Visits have been made to shops and factories to check the condition of these machines with a view to cleanliness and temperature control.

Work has also continued in connection with the problem of soft ice cream manufactured on mobile vehicles, and in this field there appears to have been some improvement on the previous year.

Several prosecutions were taken against members of the food trade with regard to foreign bodies and unsound food. Details of these are in another section of the report.

The number of confirmed cases of food poisoning was again low, and there were no major outbreaks in the City. The continued education of people employed in the food trade and in food handling may at last be having an effect.

### SWIMMING BATHS AND PADDLING POOLS

During the year 124 visits were made to the following swimming baths and paddling pools, and 98 samples obtained. The conditions generally have been satisfactory.

There are now 16 swimming and paddling pools in the city ; 11 swimming pools at schools (one privately owned) ; two paddling pools and two public baths owned by the Corporation ; and one open air swimming pool (privately owned).

Details of all the pools inspected are set out below.

**Bablake School** — 2 visits  
Satisfactory

**Binley Park School** — 11 visits  
Conditions satisfactory

**Bremond College** — 2 visits  
Advised regarding chlorination

**Binley Paddling Pool** — 15 visits  
Chlorination and filtration plant installed during July and August. Conditions maintained at a satisfactory level due to efforts of Parks Department personnel. Hand chlorination carried out until plant was installed.

**Caludon Castle School** — 13 visits  
Advised regarding high pH value (excessive alkalinity) and chlorine on two occasions.

**Canley Training College** — 6 visits  
Advised regarding high chlorine and low pH (excessive acidity).

**Edgwick Pool** — 8 visits  
Conditions generally satisfactory. Chlorination plant broke down and was repaired. Advice given for hand chlorination.

**Foxford Comprehensive School** — 9 visits  
Advised regarding pH value and defective chlorination plant.



**Gosford Park Open Air Swimming Pool — 30 visits**

This pool was under frequent supervision after it opened in May, and conditions varied considerably during the summer. The pH values have been low on many occasions, and the management were requested each time to correct the value. Turbidity also occurred, and on each occasion advice was given by inspectors of the danger of accidents while the water was in that condition. A bather in difficulties would not be seen once under the water if the water was turbid.

**Hill Farm School — 3 visits**

Advised regarding chlorine dosage. This pool was closed in September because of vandalism.

**Livingstone Road Swimming Baths — 10 visits**

Main Bath — conditions excellent.

Small Bath — conditions excellent.

**Lyng Hall School — 7 visits**

Advised regarding pH value. Chlorine satisfactory.

**Manor Park School — 2 visits**

Advised regarding low chlorine content. Pool hand chlorinated to improve condition.

**Whitmore Park School — 2 visits**

Conditions good. When this pool was visited in September the free residual chlorine was nil and the pool was closed pending delivery of hypochlorite.

**Woodlands Comprehensive School — 4 visits**

New pool. Inspected in June and advised regarding equipment and use of chemicals. Pool opened in September and a sample was obtained which was satisfactory.

## HEALTH EDUCATION

The imposition of law without apology or explanation can be a danger to democracy. Unless the reason for any particular piece of legislation is clear to the people it affects then there may be evasion, either by carelessness or by defiance, and day to day work could degenerate into a running battle between the citizen and authority.

It is to the benefit of the Department to tell the citizens, whenever they are prepared to listen, of the purpose and meaning of the public health statutes which affect their lives. Neglect of this aspect of the work leads to a great deal of unnecessary enforcement work. This is particularly true of air pollution control and food hygiene.

Ill-informed criticism must be met with true facts and prejudice removed by patient persuasion. This is achieved mainly by individual approach of the Public Health Inspector on his daily visits and much

of our work of health education is achieved in this way. Approaches to organised, and therefore influential, groups must not be neglected, however. It has been said that to educate a woman is to educate a family and it may well be that to educate a women's organisation is to educate a community.

Many requests for talks have been received during the year and all have been met. Thanks to the ready co-operation of the staff the number of speakers available in the Department has increased greatly during the year and this has spread the burden of evening engagements. Such talks are of benefit to the staff in that contact with groups of people in this way can reassure them that our work is both necessary and appreciated.

During the year talks were given to forty-four organisations. The total number of people attending such meetings came to over 2,000, and the subjects varied from Consumer Protection to Noise Abatement.

All new entrants to the School Meals Service were instructed in the elements of food hygiene during the year. In addition new entrants to the Home Help Service were given a summary of the work of the Department and a talk on food hygiene.

In the case of the Home Help Service it is invaluable that so many visitors to households have a knowledge of the work of the Department. They are able to bring help to people living in unsatisfactory conditions requiring remedy by one law or another and unable to seek help either by ignorance of the law or being incapable of demanding help.

Exhibitions during the year included a display exhibited at the National Coal Board House Warming Centre, setting out the need for smoke control, both from health and economic standpoints. Panels from previous exhibitions have been used to provide a changing display in the Department's enquiry and waiting room, and it is hoped that they have a soothing and disarming effect on the more aggressive complainants at the counters, as well as giving a little instruction.

Display material has also been given to local schools for exhibition, and also to the Society for the Advancement of Science for an exhibition at Birmingham University.

## **COVENTRY CORPORATION ACT, 1948—SECTIONS 56 AND 76**

### **FOOD HAWKERS**

This Act provides for the registration of all persons not keeping open shop who sell or expose for sale any food from any cart, barrow or other vehicle, or from any basket, pail, tray, or other

receptacle. The premises used as storage accommodation for any food intended for sale from such vehicles or receptacles are also required to be registered. At the end of the year the number of persons registered was one hundred and six and in fifty-six instances the premises were also registered.

During the year fourteen applications were received from persons who wished to be registered as food hawkers. The premises were visited and found to be satisfactory. Registration was approved in each case.

For the purpose of registration, the mobile food shops and the food storage premises (where these are used in conjunction with the vehicles) are required to comply with the provisions of the Food Hygiene (General) Regulations, 1960, as they apply to food businesses of this kind.

A total of one hundred and seventy-four inspections of mobile food vehicles and food hawkers' premises was made during the year.

### COMMON LODGING HOUSES

There is one registered common lodging house in the City under the control of the Men's Social Section of the Salvation Army. In conformity with the common lodging house provisions of the Public Health Act, 1936, application for renewal of the registration of the Keeper was approved by the Health Committee during the early part of the year. The Act limits the period of registration of the Keeper to thirteen months, when a renewal of registration is required.

A Deputy Keeper, also appointed under the Act, is resident at the lodging house for the purpose of management and supervision. He, or an appointed assistant Deputy Keeper (also resident on the premises) is always available during the statutory hours of nine o'clock in the evening and six o'clock in the morning of the following day. The nightly average of men seeking lodgings during the year is in excess of one hundred and twenty, and it is rare that accommodation is vacant. The night's accommodation consists of bed and breakfast, but full board is provided for those men who order it.

The communal facilities, wash rooms and bath rooms are clean and well maintained. The food preparing kitchen and dining rooms are satisfactory, and the standards maintained are of a good order. The establishment was well conducted during the year, and provided a much needed shelter and comfort for old and young alike. Extra care and consideration is shown by the management towards the number of aged lodgers who are more or less permanently settled in the hostel. The appreciation of these men is expressed in the number of years many of them have made this hostel their home.

During the course of the year eleven visits of inspection were made to this common lodging house at various times of the day and night. Conditions were found to be satisfactory and there was no

overcrowding. The buildings, though old, are maintained in a sound condition.

The future of this common lodging house is uncertain in view of the redevelopment and road improvement schemes in which the premises are involved. That there is still a need for accommodation of this type is indicated by the number of men who nightly apply for food and lodgings after their daily work in various parts of the City. Should the comprehensive schemes envisaged in the City's reconstruction lead to the removal of this building, there is a case for the inclusion of this social amenity in the new surroundings contained within the scheme and serving the same useful purpose.

### FACTORIES ACT, 1961

The following tables show the number of factories in the City, the number of inspections carried out, contraventions observed, and written notices served. In all cases the notices served related to contraventions of Section 7 of the Act. Table 3 shows the number of outworkers included in the August lists. The sixty outworkers were employed in two trades only. These were the making of wearing apparel, and the making of cardboard boxes.

TABLE I — INSPECTION

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	21	51	—	—
2. Factories not included in 1, in which Section 7 is enforced by the Local Authority .....	968	302	40	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .....	17	24	1	—
Total	1,006	377	41	—



TABLE 2 — DEFECTS

Particulars  (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) .....	—	—	—	—	—
Overcrowding (S.2) .....	—	—	—	—	—
Unreasonable temperature (S.3) .....	—	—	—	—	—
Inadequate ventilation (S.4) .....	—	—	—	—	—
Ineffective drainage of floors (S.6) .....	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .....	1	1	—	1	—
(b) Unsuitable or defective .....	38	34	—	21	—
(c) Not separate for sexes .....	1	1	—	—	—
Other offences against the Act (not including offences relating to outwork) .....	1	1	—	—	—
Total .....	41	37	—	22	—

TABLE 3 — HOMEWORK  
(Sections 133—134)

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel { Making etc., Cleaning and Washing	29	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	31	—	—	—	—	—
Total	60	—	—	—	—	—

## DISINFESTATION SERVICE

Sixteen cases of vermin infested dwelling houses were dealt with by the Department during the year, as compared with fourteen cases dealt with in 1962, twenty-eight during 1961, ninety-two during 1960, and one hundred and ninety-two during 1959.

The bed bug (*cimex lectularius*) was the pest requiring most attention, and complete disinfestation was carried out in each instance. The insecticides used contain D.D.T. and Gammexane in liquid form or generated as a residual smoke. Insecticidal powders are also used on occasion. The human flea (*pulex irritans*) called for some attention and was effectively treated.

Comment was made in a previous report on the marked reduction on former years in the incidence of vermin infestation in dwelling houses. It is gratifying to report that the reduction is maintained. A concerted attack from many quarters has been made against this social pest to achieve a marked improvement in living standards generally throughout the City.

The demand for the services of the Department to deal with infestations of other insect pests showed an appreciable decrease on the previous year. These included cockroaches, ants, crickets, flies, woodworm and beetles. In this connection one hundred and twenty-five infestations were treated. In addition, one hundred and thirteen wasps' nests in and around dwelling houses were destroyed. Much attention was given to the incidence of the German Cockroach (Steam Fly) found to be infesting canteen food kitchens. Successful treatments were carried out in every instance by the use of liquid insecticides and dusting powders containing D.D.T.

## PET ANIMALS ACT, 1951

Twenty-one pet shop licences were granted during the year. Of these, nineteen were granted in the form of renewals in respect of existing pet shops. Two new pet shops were established for which licences were granted. One licensed pet shop was discontinued, and there was one change of occupier.

Before any premises are reported upon to the Health Committee for the granting of a licence, the opinion of the Chief Fire Officer as to security of the premises against fire is obtained. Appreciation of the co-operation which is always afforded in this respect is recorded here.

Twenty-two visits were made to pet shops for the purpose of ensuring that the licence conditions were fully observed.

## REFERENCES TO OTHER DEPARTMENTS

It is always a pleasant duty to place on record the cordial relations which exist between the various Departments and the Public Health Inspectors' Department in connection with the many

and varied references necessary for the proper administration of the environmental health services.

A total of 1,039 references were made during the year to the Health Department and the Departments of the Town Clerk, the City Engineer and Surveyor, the City Architect and Planning Officer, the Director of Education, the Housing Director, the Director of Parks, the Water Engineer and Manager, the Director of Welfare Services, the Children's Officer, and the City Analyst.

In addition to these, "searches" were made in respect of 6,927 properties for the Town Clerk's Department under the Land Charges Act, 1925.

New legislation necessitated many forms and other stationery, for which a special word of thanks is due to the Printing and Stationery Department for the expeditious and efficient way in which these needs were met.

The wide variety of the interests involved is an indication of the scope of the environmental work carried out.

### **COVENTRY CORPORATION ACT, 1948—SECTION 57** **Hairdressers' and Barbers' Premises**

The provisions of Section 57 of the Coventry Corporation Act, 1948, require that "Every person who carries on the trade or business of a hairdresser or barber within the City shall register his name and place of abode, and also the premises in which such trade is carried on, in a book to be kept at the offices of the Corporation for the purpose."

Moreover, the Corporation have made Byelaws under the powers granted by the Section with the object of securing :—

- (a) the cleanliness of any premises so registered, and of the instruments, towels, materials, and equipment used therein, and
- (b) the cleanliness of persons employed in such premises in regard to both themselves and their clothing.

It is a condition of registration that a copy of the Byelaws made under this Section is displayed in the registered premises. This enactment is administered by the Public Health Inspectors' Department, and in this connection one hundred and fifty-four inspections of hairdressers' and barbers' premises were made during the year under review.

Applications in respect of twenty-two hairdressers' and barbers' premises were approved during this period, and four such businesses were discontinued. At the year's end there were three hundred and forty-five premises recorded in the register.

## **PREVENTION OF DAMAGE BY PESTS ACT, 1949**

The work of rodent control was carried out by the Rodent Officer and Rodent Operatives in accordance with the requirements of the Prevention of Damage by Pests Act, 1949.

Complaints by occupiers have been investigated and treatment carried out where necessary. During the period under review survey inspections were made and infestations dealt with forthwith.

The work carried out by the rodent control section of the Department, enumerated in the following table, covers the period 1st January, 1963, to 31st December, 1963.

The work of systematically baiting the sewers with poison, which is carried out by the City Engineer's Department, was continued during the period under review. In this connection a first maintenance treatment of seventeen sections, a second maintenance treatment of eleven sections, and a third maintenance treatment of three sections of the City's main sewerage system were completed. A total of 1,323 manholes in the sewer were treated.

### **Tips — Baginton, Wyken, Longford, and Whitley**

Inspections of the above-mentioned refuse tips were carried out at monthly intervals, and any infestations found were successfully dealt with. The routine inspections will be continued, and a maintenance treatment carried out wherever necessary.



	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (inc. Coun- cil Houses	(3) All other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
i Number of properties in Local Authority's District	1,500	96,781	16,441	114,722	44
ii Number of properties in- spected as a result of :					
(a) Notification .....	112	1,467	132	1,711	6
(b) Survey under the Act	Nil	314	Nil	314	Nil
(c) Otherwise (e.g., when visited primarily for some other purpose) .....	Nil	Nil	Nil	Nil	Nil
iii Total inspections carried out — including re-inspec- tions .....	375	5,904	455	6,734	6
iv Number of properties in- spected (in Sect. ii) which were found to be infested by :					
(a) Rats { Major .....	Nil	Nil	Nil	Nil	Nil
{ Minor .....	50	1,006	74	1,130	2
(b) Mice { Major .....	Nil	Nil	Nil	Nil	Nil
{ Minor .....	38	168	48	254	Nil
v Number of infested prop- erties (in Sect. iv) treated by the L.A. ....	88	1,441	122	1,651	2
vi Total treatments carried out — including re-treatments	88	1,441	122	1,651	2
vii Number of notices served under Section 4 of the Act :					
(a) Treatment .....	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (i.e., Proofing) .....	Nil	Nil	Nil	Nil	Nil
viii Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act .....	Nil	Nil	Nil	Nil	Nil
ix Legal Proceedings .....	Nil	Nil	Nil	Nil	Nil
x Number of "Block" con- trol schemes carried out .....	Nil	Nil	Nil	Nil	Nil

# **WORK EFFECTED UNDER THE PUBLIC HEALTH ACTS AND HOUSING ACTS**

	Dec. 1962	Dec. 1963
<b>Dwellings</b>		
Floors of dwellings relaid or repaired	151	131
Dilapidated walls and ceilings repaired	250	170
Damp walls — Damp courses inserted	47	67
Repointed or cement rendered	215	95
Roofs repaired and made weatherproof	314	163
Dangerous stairs repaired	18	16
Additional windows provided and others repaired and made to open	425	286
Defective guttering repaired	256	156
Houses provided with food stores	7	1
New waste pipes provided and others repaired	115	210
New sinks provided	11	13
Verminous houses and furniture disinfested	14	16
Additional water closets provided	1	4
Water closets reconstructed	49	57
Water closets repaired	88	143
Defective joints in flush pipes repaired	39	57
Defective water closet cisterns repaired	117	126
New flushing cisterns provided	8	17
Houses provided with refuse bins	73	53
Courts and yards paved and repaired	29	13

## **Drainage Repairs Etc.**

Drains opened and cleansed from obstruction	612	630
New drains, inspection and intercepting chambers provided	224	177
Drains relaid or repaired	52	72
Soil pipes and ventilating shafts improved or repaired	21	86
Rain water pipes disconnected from the sewer	4	8
Sink drains disconnected from the sewer	—	—
Cesspools abolished	55	—
Privies or pail closets converted into water closets	2	13
Privies or pail closets abolished	5	—
New water closets erected in place of above	5	—

## **Miscellaneous**

Nuisances from animals kept abated	9	6
Offensive accumulations removed	200	159
Courts and backyards cleansed by tenants	10	—
Gipsy tents and caravans removed	6	10
Water supply — additional taps provided	2	2
Offensive ditches cleansed	10	5
Miscellaneous	652	634
Improvements effected at factories	38	37
	<hr/> 4,134	<hr/> 3,615

## **IMPROVEMENTS EFFECTED AT FOOD PREMISES**

Total number of improvements effected	2,210	2,159
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## **SERVICE OF NOTICES Public Health Acts**

Number of Informal Notices served	1,263	1,183
No. of Statutory Notices served	615	764

## **Clean Air Act**

Number of Statutory Notices served.....	127	2,275
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# Summary of Miscellaneous Work

FOR THE PAST TEN YEARS

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
No. of visits and revisits to premises .....	33,080	33,785	36,684	28,260	36,438	40,783	41,666	43,777	58,119	49,479
„ visits respecting infectious diseases .....	194	312	1,486	214	162	336	210	237	271	*691
„ notices issued for abatement of nuisances including informal and statutory .....	1,942	2,030	1,856	1,537	1,729	2,138	1,971	1,651	1,878	1,605
„ statutory notices not complied with at the close of the year .....	88	54	113	37	76	170	175	164	76	62
„ summonses issued for non-compliance with notices served to abate nuisances .....	12	11	9	15	24	29	26	36	41	8
„ registered premises .....	3,035	3,107	2,907	2,084	3,265	3,342	2,322	3,330	3,395	3,372
„ visits paid to registered premises .....	2,658	3,115	1,505	1,521	2,588	2,147	2,169	2,235	3,571	3,803
„ references to other Departments .....	5,857	6,838	5,452	5,020	5,670	8,538	10,220	8,281	7,610	7,966

\*includes suspected food poisoning cases.

## STATISTICAL TABLES AND CHARTS

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## CAUSES OF AND AGES AT DEATH, 1963

CAUSES OF DEATH		Total Deaths 1963			Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	Deaths in C.&W. Hosp.	Deaths in Gulson Hosp.	Deaths in other Institutions
		Males	Females	Total									
1.	Tuberculosis Respiratory	13	6	19	—	—	—	5	5	9	—	1	—
2.	Tuberculosis Other ..	2	3	5	—	—	—	2	1	2	—	4	—
3.	Syphilitic Disease ..	1	1	2	—	—	—	—	—	2	—	—	—
4.	Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
5.	Whooping Cough ..	—	1	1	1	—	—	—	—	—	—	—	—
6.	Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
7.	Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
8.	Measles ..	—	—	—	—	—	—	—	—	—	—	—	—
9.	Other Infective and Parasitic Diseases ..	1	4	5	—	1	—	—	3	1	—	2	2
0.	Malignant Neoplasm, Stomach ..	48	32	80	—	—	—	2	29	49	1	7	—
1.	ditto Lung, Bronchus ..	112	18	130	—	—	—	4	67	59	3	10	1
2.	ditto Breast ..	1	53	54	—	—	—	5	28	21	—	6	—
3.	ditto Uterus ..	—	18	18	—	—	—	10	8	—	—	—	—
4.	Other Malignant and Lymphatic Neoplasms	155	128	283	—	1	2	19	112	149	8	36	1
5.	Leukaemia, Aleukaemia	11	6	17	—	—	3	1	7	6	2	3	3
6.	Diabetes ..	8	13	21	—	—	1	—	4	16	3	6	2
7.	Vascular Lesions of Nervous System ..	156	183	339	2	—	—	6	66	265	—	1	—
8.	Coronary Disease, Angina	425	230	655	—	—	—	19	229	407	49	39	12
9.	Hypertension with Heart Disease ..	29	37	66	—	—	—	—	9	57	41	36	4
0.	Other Heart Disease ..	132	149	281	—	—	—	13	43	225	47	64	11
1.	Other Circulatory Disease	40	55	95	—	—	—	6	30	59	23	45	7
2.	Influenza ..	3	1	4	—	—	—	—	2	2	—	—	—
3.	Pneumonia ..	94	74	168	26	2	1	2	30	107	44	63	9
4.	Bronchitis ..	146	51	197	—	—	—	2	53	142	17	44	10
5.	Other diseases of Respiratory System ..	24	4	28	—	—	—	3	10	15	6	12	4
6.	Ulcer of Stomach and Duodenum ..	10	8	18	—	—	—	2	5	11	1	4	1
7.	Gastritis, Enteritis and Diarrhoea ..	5	12	17	4	1	—	1	2	9	1	2	2
8.	Nephritis and Nephrosis	9	11	20	—	—	—	6	4	10	6	8	—
9.	Hyperplasia of Prostrate	7	—	7	—	—	—	—	—	7	—	—	—
0.	Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—
1.	Congenital Malformations	22	13	35	20	4	1	5	3	2	—	12	—
2.	Other Defined and Ill-Defined Diseases	107	115	222	79	7	3	12	31	90	27	93	3
3.	Motor Vehicle Accidents	37	12	49	—	1	4	22	9	13	39	—	—
4.	All Other Accidents ..	37	31	68	1	4	3	4	22	34	20	6	—
5.	Suicide ..	15	17	32	—	—	—	7	14	11	4	2	—
6.	Homicide and Operations of War ..	3	1	4	1	1	—	1	1	—	1	—	—
TOTALS ..		1,653	1,287	2,940	134	22	18	149	829	1,788	343	507	72

## VITAL STATISTICS OF CITY FROM 1936 to 1963 INCLUSIVE

YEAR.	Population estimated to middle of each year.	LIVE BIRTHS			TOTAL DEATHS REGISTERED IN THE CITY		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE CITY			
		Un-corrected Number	Nett		Number	Rate per 1,000 population.	of Non-residents registered in the City.	of Residents not registered in the City.	Under 1 Year of Age		At all Ages.	
			Number	Rate per 1,000 population.					Number	Rate per 1,000 Net Births		
1936	192,360	3,009	2,912	15.1	1,960	10.1	100	101	151	51.8	1,961	10.1
1937	206,500	3,306	3,254	15.7	2,154	10.4	126	128	158	48.5	2,156	10.4
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	156	208	56.0	2,091	9.5
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	227	54.6	2,208	9.4
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	298	248	63.0	3,217	13.3
1941	193,070	3,301	3,301	17.1	2,097	10.1	142	670	156	54.8	2,483	12.8
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249	62.3	2,076	10.2
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244	49.9	2,219	9.6
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265	48.4	2,166	9.0
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338	68.2	2,348	10.5
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284	54.3	2,349	10.0
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255	45.1	2,428	9.9
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232	45.5	2,227	8.8
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187	39.4	2,414	9.4
1950	256,800	3,596	4,450	17.3	1,864	7.3	113	569	145	32.6	2,433	9.4
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154	35.6	2,685	10.4
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132	31.7	2,347	8.9
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142	33.4	2,237	8.5
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127	30.4	2,174	8.2
1955	267,300	3,576	4,300	16.09	2,133	8.0	123	314	120	27.9	2,324	8.7
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124	26.7	2,254	8.3
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141	28.6	2,220	8.0
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156	30.2	2,486	8.8
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143	26.3	2,523	8.8
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163	27.2	2,668	9.16
1961	305,780	5,086	6,269	20.5	2,447	8.0	137	506	147	23.4	2,816	9.2
1962	310,640	4,947	6,504	20.94	2,541	8.4	149	556	160	24.6	2,949	9.49
1963	313,900	5,009	6,594	21.01	2,388	7.7	164	595	134	20.3	2,940	9.37

**Table of Comparative Vital Statistics over a period of ten years  
for Coventry and England and Wales.**

YEAR	BIRTH RATE		DEATH RATE		INFANTILE MORTALITY RATE	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1954	15·76	15·2	8·2	11·3	30·4	25·4
1955	16·09	15·0	8·7	11·7	27·9	24·9
1956	17·02	15·6	8·3	11·7	26·7	23·7
1957	17·76	16·1	8·0	11·5	28·6	23·1
1958	18·38	16·4	8·8	11·7	30·2	22·6
1959	19·02	16·5	8·8	11·6	26·3	22·2
1960	20·61	17·1	9·16	11·5	27·29	21·9
1961	20·5	17·4	9·2	12·0	23·4	21·6
1962	20·94	18·0	9·49	11·9	24·6	21·6
1963	21·01	18·2	9·37	12·2	20·3	20·9

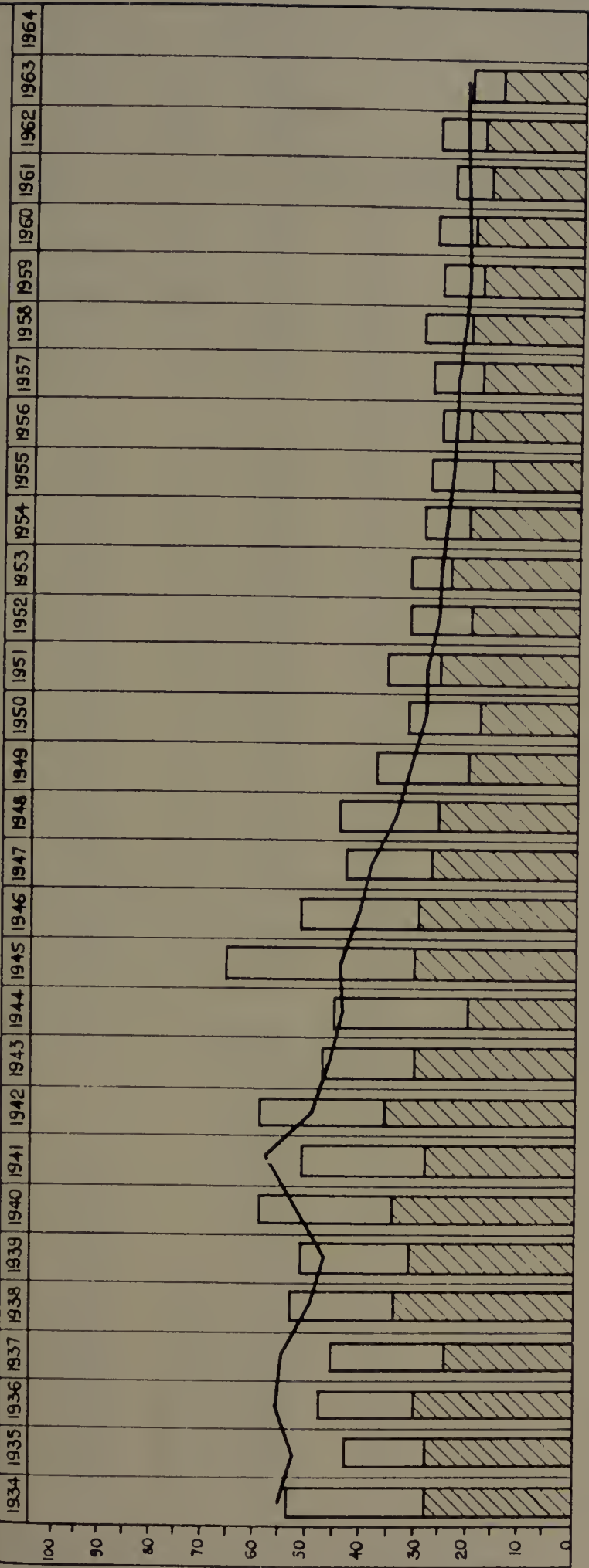
# INFANT MORTALITY DURING 1963

Death from stated Causes at various Ages under One Year

CAUSE OF DEATH	Under 1 Day	1—2 Days	2—3 Days	3—4 Days	4—5 Days	5—6 Days	Total Under 1 week	1—2 Weeks	2—3 Weeks	3—4 Weeks	Total Under 1 month	1—3 Months	3—6 Months	6—9 Months	9—12 Months	Total Deaths under One Year.
All Causes { Certified .. Uncertified ..	58 2	17	8				83 2	10	3		96 2	17	7	8	4	132 2
Measles ..																
Whooping Cough ..																
Diphtheria ..																
Influenza ..																
T.B. of Nervous System ..																
T.B. of Intestines and Peritoneum ..																
Other T.B. disease ..																
Syphilis ..																
Meningitis ..																
Convulsions ..																
Bronchitis ..																
Pneumonia ..																
Other Respiratory Disease ..																
Inflammation of Stomach ..																
Diarrhoea and Enteritis ..																
Hernia : Intestinal ..																
Obstruction ..																
Congenital Malformations ..																
Congenital Debility and Sclerema ..																
Icterus ..																
Premature at Birth ..																
Injury at Birth ..																
Diseases of Umbilicus ..																
Atelectasis ..																
Suffocation in Bed and not stated ..																
Other Causes ..																
TOTAL OF ALL CASES	60	17	8				85	10	3		98	17	7	8	4	134

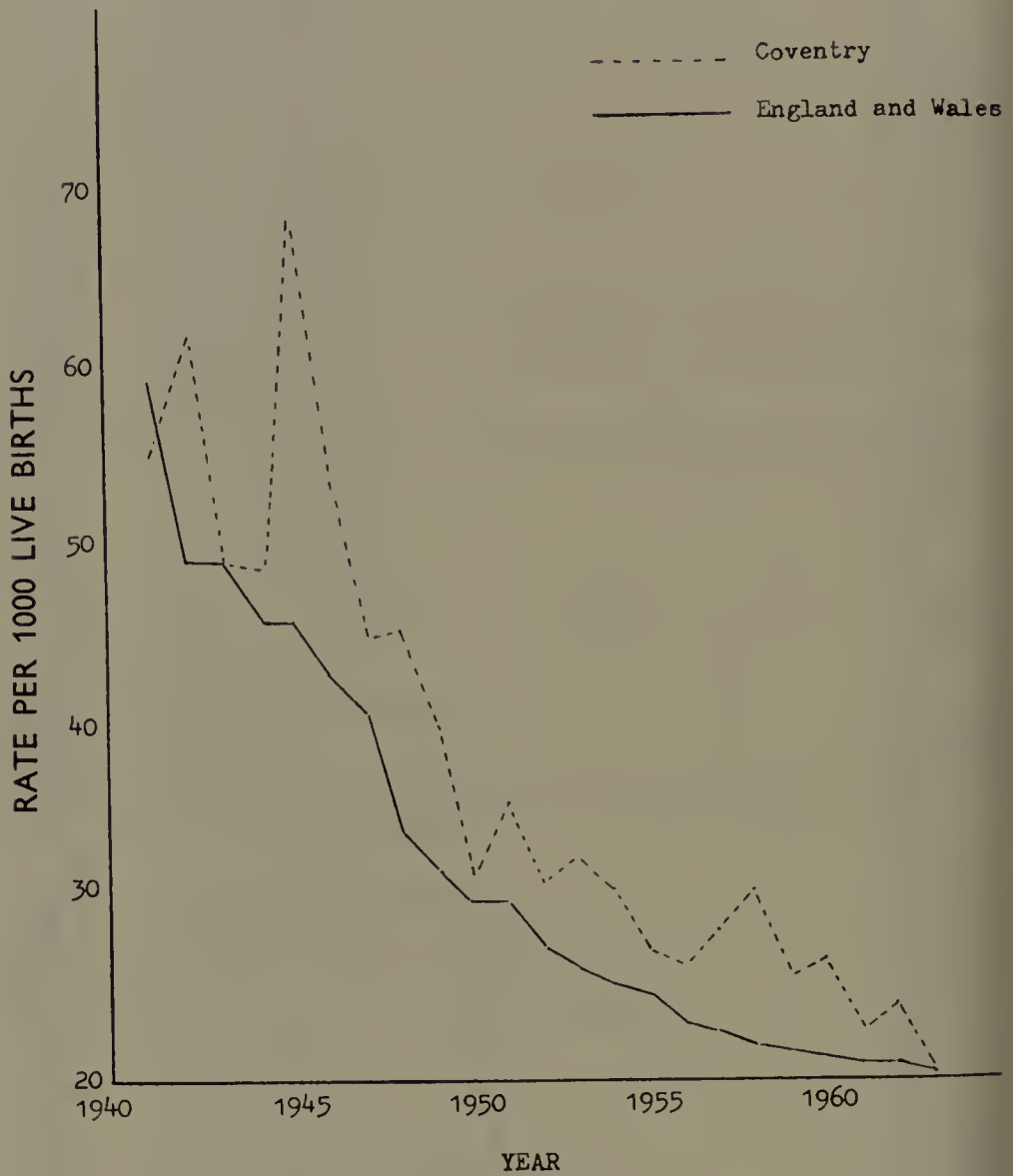


# CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE.(I.E. THE NEONATAL DEATH RATE.) THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

## INFANTILE MORTALITY—DEATHS PER 1000 LIVE BIRTHS



Year	Houses Inhabited (December)	Vacant.	Popula- tion (Mid-year)	Mortality	Infectious Mortality	Deaths under one year per 1000 born	Birth Rate
1801	2,930	—	16,034	—	—	—	—
1811	3,448	*60	17,923	—	—	—	—
1821	3,729	*114	21,448	—	—	—	—
1831	5,444	*421	27,298	—	—	—	—
1841	6,531	*590	31,032	—	—	—	—
Ten Years' Average							
1851	7,783	*151	36,812	27	—	—	—
1861	8,991	*1,026	40,936	25	—	—	—
1871	8,535	*816	37,670	22	—	—	—
1881	9,239	*643	42,111	20	3.3	150	35.4
1891	11,465	*284	52,724	18.5	1.7	142	32.0
1901	15,571	353	69,978	16.96	1.9	153.7	29.8
1911	23,515	95	106,349	13.7	1.4	109.3	28.0
1921	28,355	502†	128,157	11.3	0.7	83.6	23.2
1931	41,275	917‡	167,083	10.1	0.2	67.7	15.7
1951	—	—	258,211	10.7	0.17	52.4	18.0
1911	23,515	95	107,287	13.3	2.08	109.8	26.9
1912	24,590	50	111,166	11.9	1.35	76.1	26.4
1913	25,051	113	115,064	11.4	0.84	91.6	26.0
1914	25,860	99	119,003	11.7	0.70	84.6	26.9
1915	26,667	56	122,982	12.9	1.39	87.8	23.8
1916	27,366	12	127,089	10.9	1.23	87.5	23.5
1917	27,531	15	130,000	10.4	0.47	78.5	20.2
1918	27,735	25	133,000	14.6	0.42	92.5	20.7
1919	27,829	20	136,000	9.3	0.32	82.8	18.2
1920	27,973	48	130,000	9.8	0.35	76.0	25.0
1921	28,355	502‡	128,157	10.2	0.25	79.3	22.1
1922	28,661	72	129,000	10.6	0.34	70.4	18.9
1923	29,414	40	130,500	9.3	0.20	64.9	16.9
1924	29,685	90	132,000	9.6	0.19	79.4	16.0
1925	30,199	83	133,500	10.6	0.30	77.1	16.3
1926	31,034	111	135,000	9.7	0.15	68.9	15.7
1927	32,260	151	139,000	10.2	0.23	63.4	14.8
1928	38,474	175	161,600°	9.6	0.34	65.7	14.4
1929	39,374	750	163,700	12.1	0.63	73.1	14.8
1930	40,519	800	165,800	10.1	0.32	57.0	14.5
1931	41,275	917	168,900	10.0	0.10	57.7	14.8
1932	45,781	1,000	182,000°	9.4	0.33	69.7	13.5
1933	47,175	1,000	184,500	9.9	0.21	64.5	13.4
1934	48,730	1,500	184,900	10.0	0.17	57.1	13.6
1935	50,622	1,854	190,000	9.7	0.16	46.5	14.4
1936	54,273	1,361	192,360	10.1	0.20	51.8	15.1
1937	57,888	1,606	206,500	10.4	0.18	48.5	15.7
1938	61,580	1,316	229,900	9.5	0.13	56.0	16.5
1939	—	—	—	9.4	—	54.6	17.7
1940	—	—	229,400	13.3	0.11	63.0	16.4
1941	—	—	193,070	12.8	0.21	54.8	17.1
1942	—	—	207,200	10.2	0.07	62.3	19.3
1943	—	—	214,870	9.6	0.23	49.9	21.2
1944	65,926	—	220,400	9.0	0.24	48.4	24.8
1945	—	—	221,970	10.5	0.30	68.2	22.2
1946	—	—	232,850	10.0	0.32	54.3	22.4
1947	68,900	—	242,860	9.9	0.18	45.1	23.2
1948	69,950	—	250,400	8.8	0.10	45.5	20.3
1949	70,550	—	254,900	9.4	0.11	39.4	18.6
1950	71,720	—	256,800	9.4	0.06	32.6	17.3
1951	72,497	—	258,100	10.4	0.03	35.6	16.7
1952	73,828	265	261,000	8.9	0.05	31.7	15.9
1953	76,150	157	263,000	8.5	0.04	33.4	16.1
1954	76,458	95	264,600	8.2	0.015	30.4	15.76
1955	79,369	400	267,300	8.7	0.026	27.9	16.09
1956	82,089	500	272,600	8.3	0.007	26.7	17.02
1957	84,000	750	277,300	8.00	0.032	28.6	17.76
1958	86,400	800	281,000	8.8	0.014	30.2	18.38
1959	88,800	800	285,700	8.83	—	26.3	19.02
1960	90,000	800	291,000	9.16	0.02	27.29	20.61
1961	92,000	800	305,780	9.2	0.009	23.4	20.5
1962	93,000	800	310,640	9.49	0.003	24.6	20.94
1963	94,000	800	313,900	9.37	0.003	20.3	21.01

\*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡The Census returns show unoccupied "dwellings"—not houses.

°In these years an extension of the City Boundaries took place.

### Comparative Statistics of the 16 wards in the City for 1963.

	1961 Census	Acreage	Density per Acre	Number of Deaths Registered	Death Rate, 1963	Number of Births Registered	Birth Rate for 1963	Number of Deaths under 1 year
Bablake ..	16,233	1,451	11.0	172	10.7	235	14.6	6
Charterhouse and Binley	24,627	2,174	11.3	229	9.5	520	21.6	10
Cheylesmore	19,039	1,051	18.1	168	8.8	270	14.2	7
Earlsdon ..	15,557	1,916	8.1	194	12.9	182	12.1	2
Foleshill ..	14,752	659	22.3	226	16.1	356	25.4	11
Godiva ..	13,648	556	24.5	139	10.6	202	15.5	11
Holbrooks ..	15,803	823	19.1	153	10.2	218	14.5	5
Longford ..	34,201	2,256	10.7	262	7.7	656	19.2	19
Lower Stoke	20,118	849	23.7	201	10.0	251	12.5	9
Radford ..	19,519	669	29.1	206	10.8	246	12.9	7
St. Michael's	14,899	376	39.5	247	17.6	345	24.6	10
Sherbourne ..	15,388	592	25.9	134	8.9	113	7.5	5
Upper Stoke	21,075	820	25.7	194	9.2	233	11.0	6
Walsgrave ..	18,187	1,544	11.7	132	7.3	336	18.6	9
Westwood ..	24,944	2,142	11.1	217	9.0	303	12.6	9
Whoberley ..	17,531	1,262	10.7	145	8.5	411	24.1	8



	Syphilis		Gonorrhoea		Age Group of Cases								Other Conditions		Total
	M.	F.	M.	F.	—16		16/17		17/18		20/24		25+		
					M.	F.	M.	F.	M.	F.	M.	F.			
No. of new cases of :															
A. Syphilis															
(i) Primary .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
(ii) Secondary .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
(iii) Latent in first year of infection .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(iv) Cardiovascular .. .. .	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(v) Of the nervous system .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(vi) All other late and latent stages .. .. .	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—
(vii) Congenital, aged under 1 year .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(viii) Congenital, aged over 1 year .. .. .	—	1	—	71	1	2	1	5	10	15	70	24	144	25	—
B. Gonorrhoea .. .. .	—	—	226	—	—	—	—	—	—	—	—	—	—	—	—
C. Chancroid .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D. Lymphogranuloma Venereum .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E. Granuloma Inguinale .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
F. Non Gonococcal Urethritis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
G. Non Gonococcal Urethritis with Arthritis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
H. Late or Latent Treponematoses presumed to be Non-Syphilitic .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
I. Other conditions requiring treatment within the Centre .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
J. Conditions requiring no treatment within the Centre .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
K. Undiagnosed conditions .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals .. .. .	8	4	226	71	—	—	—	—	—	—	—	—	—	—	—
Cases transferred from other Centres in England and Wales after diagnosis .. .. .	—	3	7	2	—	—	—	—	—	—	—	—	—	—	—
Cases in which treatment and observation were completed .. .. .	4	11	168	52	—	—	—	—	—	—	—	—	—	—	—

# VENEREAL DISEASES

## Return relating to Cases Treated at the Coventry Warwickshire Hospital, 1963

	Primary or Recurring Syphilis		Gonorrhoea		Other Conditions		Total 1963
	M.	F.	M.	F.	M.	F.	
Number of individual patients attending in year with new infection : Aged under	16 .. ..	—	1	2	—	—	3
	16 and 17 .. ..	—	1	5	—	—	6
	18 and 19 .. ..	—	8	12	—	—	20
	20—24 .. ..	—	51	20	—	—	71
	25 and over .. ..	2	123	22	—	—	147
Localities in which infections took place :							
(a) in locality of Centre .. ..	—	—	150	64	—	—	214
(b) elsewhere in Great Britain and N. Ireland .. ..	2	—	73	6	—	—	81
(c) outside Great Britain and N. Ireland .. ..	—	—	3	1	—	—	4
(d) not known .. ..	—	—	—	—	—	—	—
Attendance and diagnosis of contacts							
Contact slips issued to patients with .. ..	1	—	156	17	—	—	174
Contacts attending with .. ..	—	—	3	50	16	50	119
Total attendance of all patients .. ..	504	440	1080	364	2751	807	5946

N.B. It is not possible to provide comparable figures for previous years as a result of a revised presentation of statistical information which the Ministry of Health require from 1st January, 1963.

## Tuberculosis — Ten Year Summary

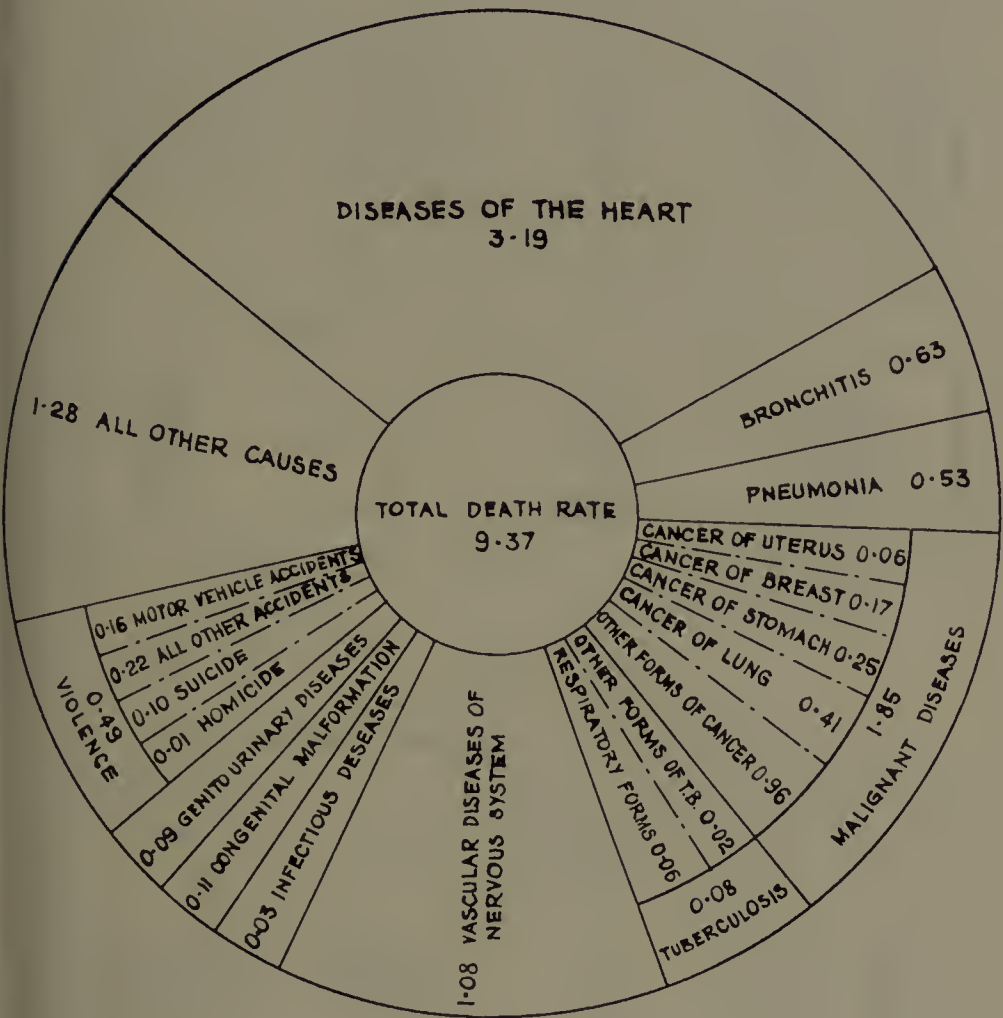
YEAR	CASES ON REGISTER		CASES NOTIFIED (or brought to notice)		DEATHS			
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	
					No.	Rate	No.	Rate
1953	M.	1349	167	285	17	0.15	3	0.02
	F.	961	213	173	21		2	
1954	M.	1457	177	270	27	0.15	2	0.015
	F.	1051	215	163	15		2	
1955	M.	1587	185	289	20	0.16	2	0.015
	F.	1129	223	156	16		2	
1956	M.	1676	164	247	21	0.14	4	0.018
	F.	1204	181	171	30		1	
1957	M.	1719	171	222	28	0.11	2	0.007
	F.	1212	184	129	20		0	
1958	M.	1680	166	187	17	0.10	1	0.004
	F.	1208	172	132	11		0	
1959	M.	1689	168	161	16	0.09	1	0.007
	F.	1188	174	88	21		1	
1960	M.	1681	169	172	16	0.17	3	0.010
	F.	1165	175	98	27		0	
1961	M.	1508	149	99	11	0.18	2	0.013
	F.	1028	165	48	13		2	
1962	M.	1405	137	99	6	0.15	0	0.003
	F.	915	160	36	19		1	
1963	M.	1309	133	101	14	0.16	0	0.016
	F.	817	153	44	17		5	

Cases of Infectious Diseases notified during the year 1963

DISEASE	No. of notified	AGE GROUPS								AREA OF OCCURRENCE																
		0-1	1-2	3-4	5-9	10-14	15-24	25-44	45-64	65+	Bablake	Chart. & Binley	Cheylesmore	Earlsdon	Foleshill	Godiva	Holbrook	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Walsgrave	Westwood	Whoherley
Diphtheria	1	—	—	—	—	—	—	—	—	—	309	716	435	191	173	123	249	878	280	251	245	163	351	450	580	661
Dysentery	328	9	71	56	83	18	18	60	11	2	44	9	11	1	27	4	61	44	13	39	23	7	1	1	34	9
Acute Primary Pneumonia	82	3	4	3	6	5	6	24	16	15	4	11	13	4	6	3	3	17	—	2	3	3	6	2	4	1
Acute Influenzal Pneumonia	14	—	2	—	—	—	2	5	3	2	1	1	2	1	1	1	1	1	4	1	4	1	—	—	1	3
Puerperal Pyrexia	58	—	—	—	—	—	29	29	6	6	—	12	1	2	6	3	—	—	4	1	4	1	—	7	3	1
Erysipelas	21	—	—	—	—	—	—	9	9	—	1	3	—	2	—	—	—	2	280	3	1	163	351	450	580	661
Measles	6055	237	1631	1679	2420	53	23	11	1	—	309	716	435	191	173	123	249	878	280	251	245	163	351	450	580	661
Meningococcal Meningitis	3	—	1	—	—	—	2	—	—	—	1	—	—	—	—	—	—	—	2	1	1	—	1	—	—	1
Ophthalmia Neonatorum	5	5	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	103	—	10	14	60	15	2	2	—	—	2	13	6	4	5	4	6	9	4	4	4	4	4	8	11	15
Pulmonary Tuberculosis	145	—	—	1	2	2	22	57	52	9	6	19	5	4	19	11	7	13	12	6	12	—	3	4	17	7
Non-Pulmonary Tuberculosis	31	—	—	—	—	1	4	21	5	—	—	4	1	—	5	3	1	5	1	6	5	—	—	1	3	2
Whooping Cough	956	103	243	234	330	28	10	6	2	—	44	73	41	16	21	26	73	178	29	52	55	28	59	90	103	68
Food Poisoning	27	3	3	1	2	1	4	12	1	—	1	3	3	1	1	4	4	1	2	1	1	4	8	9	19	1
Infective Hepatitis	261	—	6	9	91	66	27	52	8	2	17	21	9	2	6	6	29	42	27	35	6	9	1	—	—	16
Acute Encephalitis	3	—	1	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Typhoid Fever	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	8095	360	1972	1997	2995	190	149	285	111	36	431	887	527	228	270	188	434	1201	375	397	362	220	434	573	782	786



# PRINCIPAL CAUSES OF DEATHS PROPORTION TO TOTAL CAUSES 1963.



TOTAL NUMBER OF DEATHS 2940  
TOTAL DEATH RATE FROM ALL CAUSES 9.37

## RAINFALL

### Total Rainfall Recorded in Inches from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	24.41	32.75 in 1903	19.87 in 1898
1905 — 1914	26.47	37.02 in 1912	21.35 in 1905
1915 — 1924	27.25	31.96 in 1924	17.44 in 1921
1925 — 1934	26.95	33.09 in 1927	20.96 in 1934
1935 — 1944	25.67	32.81 in 1939	20.28 in 1943
1945 — 1954	25.69	32.49 in 1951	20.59 in 1947

TOTAL FOR THE PAST 10 YEARS			
1954	30.50	1959	20.67
1955	24.26	1960	34.34
1956	23.60	1961	23.45
1957	25.06	1962	19.57
1958	31.56	1963	22.00

## SUNSHINE

### Total Sunshine Hours Recorded from 1895—1954

	Average of 10 years	Highest	Lowest
1895 — 1904	1243	1495 in 1895	967 in 1902
1905 — 1914	1344	1555 in 1911	1052 in 1905
1915 — 1924	1307	1530 in 1921	1110 in 1926
1925 — 1934	1265	1489 in 1929	1087 in 1932
1935 — 1944	1270	1467 in 1940	1120 in 1936
1945 — 1954	1351	1587 in 1949	1144 in 1954

TOTALS FOR THE PAST TEN YEARS			
1954	1361	1959	1574
1955	1144	1960	1218
1956	1187	1961	1259
1957	1302	1962	1264
1958	1121	1963	1226

Lat. 52° 23' 26" N. Long. 1° 31' 4" W. Height of rim of rain gauge above Main Sea Level, 338 ft.  
The cistern of the barometer is situated 301.75 feet above sea level.

Baro- meter Ins.	Air Temperature °F					Hygrometer °F				Earth °F Temp.		Hours Bright Sunshine		Cl'd at 9 a.m. (Scale 0-8)	Inches Rain and other Forms of Precipitation					Weather Number of days of							Wind Force (0—8)		Wind Directions No. of daily observations each month																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	Absolute Minimum and Maximum			Mean of A and B	Difference from Average	Mean of Observations at 9 a.m.				At 1 foot depth	At 4 feet depth	Daily Mean	Percentage of Average		Number of Days	Total Fall	Percentage of Average	Most in a day		Snow or Sleet	Snow lying	Hail	Thunder heard	Fog. (9h. G.M.T.)	Air Frost	Ground Frost	Gale	Number of Observations Force 4 +	Calm of Light Wind	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Maximum	Day of Month	Minimum			Day of Month	Dry Bulb	Depression of Wet Bulb	Vapour Pressure									Humidity	Amount																			Day of Month																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Meteorological Station moved from City Hospital, Whitley, to the Memorial Park, 1.4.51.

Atmospheric Pollution Recorders moved from Whitley Pumping Station to Whitley Waterworks ½ mile S.E.

Atmospheric Pollution Recorders moved from Edgwick Park to Foleshill Road Day Nursery, 50 yards N.W.

1.9.51

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